

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 21, 2008 8:00 am
Secretary of State**

07-21-2008 90029 036 ***150.00

DOCUMENT # P04000019668

1. Entity Name
ALTERNATIVE HEALTH THERAPIES, INC.



Principal Place of Business
1201 SHERIDAN ROAD
CLEARWATER, FL 33755

Mailing Address
1201 SHERIDAN ROAD
CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

40111000



07162008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0671476	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CARRILLO, MAYDA E
1201 SHERIDAN ROAD
CLEARWATER, FL 33755

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!-FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRILLO, MAYDA E 1201 SHERIDAN ROAD CLEARWATER, FL 33755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, HELEN E 1201 SHERIDAN ROAD CLEARWATER, FL 33755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, HELEN E 1201 SHERIDAN ROAD CLEARWATER, FL 33755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRILLO, MAYDA E 1201 SHERIDAN ROAD CLEARWATER, FL 33755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mayda E. Carrillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08

Date

Daytime Phone #