2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117204

Entity Name: ENTREES TO HEALTH, INC.

FILED Apr 04, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
6995 VENT	FURE CIRCI D, FL 32807							
Current Mailing Address:				New Mailing Address:				
	TURE CIRCI), FL 32807	.E						
FEI Number:	51-0518698	FEI Number Applied For	() FEI Nu	mber Not Appl	icable ()	Certifica	te of Status Do	esired()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
	JOHN F FURE CIRCI D, FL 32807	LE US						
	named entit of Florida.	y submits this statement f	or the purpose o	of changing it	ts registered	office or re	egistered ag	ent, or both,
SIGNATUF								
Electronic Signature of Registered Agent				Date				
Election Can	npaign Financ	ing Trust Fund Contribution (().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P,S GLANCY, JC 6995 VENTU ORLANDO, F	RE CIRCLE		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	VP,D (DRISCOLL, G 5206 IVES CC TAMPA, FL 33	URT	X) Addition	
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	VP,D (ATEEK, GEOR 1154 CRIMSO WESLEY CHA	N CLOVER	LANE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. GLANCY PRES 04/04/2006