

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123518

FILED
Apr 30, 2005
Secretary of State

Entity Name: HOSANNA EDUCATIONAL HEALTH CONCERNS, INC.

Current Principal Place of Business:

160 NW 176TH STREET, STE 202
MIAMI, FL 33169 US

New Principal Place of Business:

160 NW 176TH STREET
SUITE 202
MIAMI, FL 33169 US

Current Mailing Address:

160 NW 176TH STREET, STE 202
MIAMI, FL 33169 US

New Mailing Address:

14855 SW 39 CT
MIRAMAR, FL 33027 US

FEI Number: 33-1103844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUGUSTIN, JACKSON
213 SW 94TH TERRACE
PEMBROKE PINE, FL 33025 US

Name and Address of New Registered Agent:

AUGUSTIN, JACKSON
14855 SW 39 CT
MIRAMAR, FL, FL 33027 US

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.

SIGNATURE:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AUGUSTIN, JACKSON
Address: 213 SW 94TH TERRACE
City-St-Zip: PEMBROKE PINE, FL 33025 US

Title: VP () Delete
Name: MORIN, MARIE MAUD
Address: 14855 SW 39 CT
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AUGUSTIN, JACKSON
Address: 14855 SW 39 CT
City-St-Zip: MIRAMAR, FL 33027 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIE MAUD MORIN

VP

04/30/2005

Electronic Signature of Signing Officer or Director

Date