## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157660

Entity Name: WORLD HEALTH PLUS INC

FILED Mar 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4805 NW 79TH AVENUE #12 9737 NW 41 ST DORAL, FL 33166 SUITE 125

DORAL, FL 33178 US

Current Mailing Address: New Mailing Address:

4805 NW 79TH AVENUE #12 9737 NW 41 ST DORAL, FL 33166 SUITE 125

DORAL, FL 33178 US

FEI Number: 20-1900517 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANCIA, HUMBERTO
4805 NW 79TH AVENUE #12
DORAL, FL 33166 US
FRANCIA, HUMBERTO
9737 NW 41 ST
SUITE 125
DORAL, FL 33178 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: HUMBERTO FRANCIA 03/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 FRANCIA, HUMBERTO
 Name:
 FRANCIA, HUMBERTO

 Address:
 4805 NW 79TH AVENUE #12
 Address:
 9737 NW 41 ST SUITE 125

 City-St-Zip:
 DORAL, FL 33166
 City-St-Zip:
 DORAL, FL 33178 US

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: HUMBERTO FRANCIA PD 03/30/2005