2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# P04000166912

Entity Name: HEALTH FAIRS PLUS, INC.

Current Principal Place of Business:

1890 SEMORAN BLVD SUITE 319
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1890 SEMORAN BLVD SUITE 319
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-1993776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHAMS, MAURICE ESQ
111 N ORANGE AVE SUITE 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

DIAZ, TERRY
1890 SEMORAN BLVD
319
WINTER PARK, FL 32792 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: T. DIAZ 02/09/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: TALEBLY, NAZILA
Address: 1890 SEMORAN BLVD. STE 319
City-St-Zip: WINTER PARK, FL 32792

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: N. TALEBLY PRES 02/09/2005
Electronic Signature of Signing Officer or Director Date