2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# P04000169089

Entity Name: REVIVING YOUR HEALTH, INC.

Current Principal Place of Business:

11730 NORTH DALE MABRY
TAMPA, FL 33618 US

New Principal Place of Business:

15511 NORTH FLORIDA AVE UNIT C-3
TAMPA, FL 33613 US

Current Mailing Address:

11730 NORTH DALE MABRY
TAMPA, FL 33618 US

New Mailing Address:

15511 NORTH FLORIDA AVE UNIT C-3
TAMPA, FL 33613 US

FEI Number: 20-2017918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODWARD, ANTHONY G ESQUIRE
2024 WEST CLEVELAND STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TAYLOR, SAMANTHA
Address: 12344 NEELD STREET
City-St-Zip: BROOKSVILLE, FL 34614

Title: VP ( ) Delete
Name: TAYLOR, SAMANTHA
Address: 12344 NEELD STREET
City-St-Zip: BROOKSVILLE, FL 34614

Title: S ( ) Delete
Name: TAYLOR, SAMANTHA
Address: 12344 NEELD STREET
City-St-Zip: BROOKSVILLE, FL 34614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SAMANTHA TAYLOR PRES 07/05/2007

Electronic Signature of Signing Officer or Director Date