

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169089

Entity Name: REVIVING YOUR HEALTH, INC.

FILED  
Jul 25, 2008  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

12344 NEELD ST.  
WEEKI WACHEE, FL 34614 US

## Current Mailing Address:

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

## New Mailing Address:

12344 NEELD ST.  
WEEKI WACHEE, FL 34614 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

P

07/25/2008

Electronic Signature of Signing Officer or Director

Date