# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jul 01, 2008**
**Secretary of State**

DOCUMENT# P05000028994

**Entity Name:** SAY YES TO HEALTH NOW INC.

**Current Principal Place of Business:**

5740 TYLER STREET
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

38 S. FEDERAL HWY.
1
DANIA, FL 33004

**Current Mailing Address:**

5740 TYLER STREET
HOLLYWOOD, FL 33021

**New Mailing Address:**

38 S. FEDERAL HWY.
1
DANIA, FL 33004

**FEI Number: 20-2657631** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

VALCOURT, HUGUES DR.
5740 TYLER STREET
HOLLYWOOD, FL 33021 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

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete
Name: VALCOURT, HUGUES DR.
Address: 5740 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPPR (X) Delete
Name: VALCOURT, MARIO
Address: 5740 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 330231

Title: VPMA (X) Delete
Name: VALCOURT, SYLVAIN
Address: 5740 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPME (X) Delete
Name: VALCOURT, CARA
Address: 5740 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPPR (X) Delete
Name: VALCOURT, PIERRE
Address: 5740 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33021

**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:

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: DR. HUGUES VALCOURT CEO 07/01/2008

Electronic Signature of Signing Officer or Director — Date