

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90030 005 ***150.00

DOCUMENT # P05000046639

1. Entity Name
SELFHEALTH.US, INC.



Principal Place of Business
611 DRUID STREET SUITE 403
CLEARWATER, FL 33756

Mailing Address
611 DRUID STREET SUITE 403
CLEARWATER, FL 33756

50004772



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-P

CR2E034 (11/05)

4. FEI Number

16-1719200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LETTAU, KATHLEEN E
611 DRUID STREET SUITE 403
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LAHMANN, WOLF D
STREET ADDRESS 611 DRUID STREET SUITE 403
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE DV ☐ Delete
NAME FORBERGER, TORSTEN
STREET ADDRESS 31 FRESHFIELD BANK FOREST ROW
CITY-ST-ZIP RF 18 5HQ GB,

TITLE D ☐ Delete
NAME SOMMER, ULRICH
STREET ADDRESS 30 TURNER STREET #806
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE S ☐ Delete
NAME LETTAU, KATHLEEN E
STREET ADDRESS 611 DRUID STREET SUITE 403
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen E Lettau Inc*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-06 727-4459107
Date Daytime Phone #