

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049154

Entity Name: NEW HEALTH CORP.

FILED
Feb 14, 2006
Secretary of State

Current Principal Place of Business:

3539 CRYSTAL CT.
COCONUT GROVE, FL 33133

New Principal Place of Business:

245 EAST DRIVE
105
MELBOURNE, FL 32904

Current Mailing Address:

3539 CRYSTAL CT.
COCONUT GROVE, FL 33133

New Mailing Address:

245 EAST DRIVE
105
MELBOURNE, FL 32904

FEI Number: 71-0981097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANTON, GARY O
3539 CRYSTAL CT.
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

STANTON, GARY O
834 LOGGERHEAD ISLAND DRIVE
SATELLITE BEACH, FL 32937 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: GARY O. STANTON

02/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STANTON, GARY O
Address: 3539 CRYSTAL CT.
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STANTON, GARY O
Address: 834 LOGGERHEAD ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY O. STANTON

PRES

02/14/2006

Electronic Signature of Signing Officer or Director

Date