2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# P05000051542

Entity Name: TRUE HEALTH, INC.

Current Principal Place of Business:

482 NE 59 STREET
APT. C
MIAMI, FL 33137 US

New Principal Place of Business:

10910 PEACHTREE DRIVE
MIAMI, FL 33161 US

Current Mailing Address:

482 NE 59 STREET
APT. C
MIAMI, FL 33137 US

New Mailing Address:

10910 PEACHTREE DRIVE
MIAMI, FL 33161 US

FEI Number: 20-2633187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINLEY, DIANA
482 NE 59 STREET
APT. C
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

FINLEY, DIANA
10910 PEACHTREE DRIVE
MIAMI, FL 33161 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: 01/16/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: FINLEY, DIANA
Address: 482 NE 59 STREET, APT.C
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition
Name: FINLEY, DIANA
Address: 10910 PEACHTREE DRIVE
City-St-Zip: MIAMI, FL 33161 US

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: DIANA FINLEY D 01/16/2008
Electronic Signature of Signing Officer or Director — Date