


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90054 009 ***150.00

DOCUMENT # P05000066026

1. Entity Name
 ATHENA HEALTH SOLUTIONS, INC.



Principal Place of Business Mailing Address

7955 AIRPORT RD. NORTH, #101
 NAPLES, FL 34109

7955 AIRPORT RD. NORTH, #101
 NAPLES, FL 34109

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

975 - SIXTH AVENUE SOUTH 975 - SIXTH AVENUE SOUTH

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 200-A SUITE 200-A

City & State City & State

NAPLES, FL NAPLES, FL

Zip Country Zip Country

34102 COLLIER 34102 COLLIER



02062008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-2848575 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE, FL 33311-4132

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D LEBOEUF, GIOVANNI <input checked="" type="checkbox"/> Delete	TITLE	PSD PETERSON, BRENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBOEUF, GIOVANNI	NAME	PETERSON, BRENT
STREET ADDRESS	7955 AIRPORT RD. NORTH, #101	STREET ADDRESS	975 - SIXTH AVENUE SOUTH SUITE 200A
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D PETERSON, BRENT <input checked="" type="checkbox"/> Delete	TITLE	D MACPHEE, CHERYL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, BRENT	NAME	MACPHEE, CHERYL
STREET ADDRESS	7955 AIRPORT RD. NORTH, #101	STREET ADDRESS	975 - SIXTH AVENUE SOUTH SUITE 200A
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	NAPLES, FL 34102
TITLE	<input type="checkbox"/> Delete	TITLE	D LEBOEUF, GIOVANNI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	LEBOEUF, GIOVANNI
STREET ADDRESS		STREET ADDRESS	975 - SIXTH AVENUE SOUTH - SUITE 200A
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL 34102
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  PRESIDENT BRENT PETERSON 2/6/08 239.948.7723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #