

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086095

Entity Name: HEALTH NUTHOUSE INC

FILED
Apr 09, 2006
Secretary of State

Current Principal Place of Business:

3453 PLEASANT CT
MELBOURNE, FL 32935

New Principal Place of Business:

3453 PHEASANT CT
MELBOURNE, FL 32935

Current Mailing Address:

3453 PLEASANT CT
MELBOURNE, FL 32935

New Mailing Address:

3453 PHEASANT CT
MELBOURNE, FL 32935

FEI Number: 20-3005950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKEY, RAYMOND G
913 GULF BREEZE PARKWAY
5
GULF BREEZE, FL 32561 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HICKEY, JENNIFER
Address: 1000 S MIRAMAR AVE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HICKEY, JENNIFER
Address: 3453 PHEASANT CT
City-St-Zip: MELBOURNE, FL 32935

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: JENNIFER HICKEY

P

04/09/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date