

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099970

Entity Name: REAL HEALTH, INC.

FILED
Jul 04, 2007
Secretary of State

Current Principal Place of Business:

6698 27TH STREET NORTH
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

6698 27TH STREET NORTH
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 20-3198054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABGOOD, NEIL MR.
6698 27TH STREET NORTH
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

HABGOOD, NEIL MR.
6698 27TH STREET NORTH
ST. PETERSBURG, FL 33702 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:

07/04/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: HABGOOD, NEIL
Address: 152 115TH AVE. N
City-St-Zip: ST. PETERSBURG, FL 33716 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: HABGOOD, NEIL
Address: 6698 27TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702 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: NEIL HABGOOD

MR.

07/04/2007

Electronic Signature of Signing Officer or Director

Date