2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102837

Entity Name: YOUR HEALTH NOW, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% 13762 W. STATE RD. 84 #135 13762 W. STATE RD. 84 DAVIE, FL 33325

135

DAVIE, FL 33325

Current Mailing Address: New Mailing Address:

% 13762 W. STATE RD. 84 #135 13762 W. STATE RD. 84 DAVIE, FL 33325

135 DAVIE, FL 33325

FEI Number: 52-2424423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARON, WALLACE BARON, SPENCER 13762 W. STATE RD. 84 #135 13762 W. STATE RD. 84 **DAVIE, FL 33325** 135 DAVIE, FL 33325 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: SPENCER BARON 04/30/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BARON, WALLACE BARON, SPENCER Name: Name: Address:

13762 W. STATE RD 84, #135 13762 W. STATE RD 84, SUITE #135 Address:

City-St-Zip: **DAVIE, FL 33325** City-St-Zip: **DAVIE, FL 33325**

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: SPENCER BARON PD 04/30/2008