

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000132823

FILED
Oct 25, 2006
Secretary of State

Entity Name: WIT NEW HEALTH INC.

Current Principal Place of Business:

1621 BAY ROAD
APT. 1208
MIAMI BEACH, FL 33139

New Principal Place of Business:

1621 BAY ROAD
SUITE 1208
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1621 BAY ROAD
APT. 1208
MIAMI BEACH, FL 33139

New Mailing Address:

1621 BAY ROAD
SUITE 1208
MIAMI BEACH, FL 33139 US

FEI Number: 86-1149183 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOGUE, OLIVER
1621 BAY ROAD
APT. 1208
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

WOGUE, OLIVER
1621 BAY ROAD
SUITE 1208
MIAMI BEACH, FL 33139 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: OLIVER WOGUE 10/25/2006

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: P () Delete
Name: WOGUE, OLIVER
Address: 1621 BAY ROAD, APT. 1208
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: IRISH, CHARLES F
Address: 210 E. 68TH STREET
City-St-Zip: NEW YORK, NY 10036

Title: T/S () Delete
Name: THOMAS, MARGARETA
Address: 1621 BAY ROAD, APT. 1208
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOGUE, OLIVER
Address: 1621 BAY ROAD, SUITE 1208
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP (X) Change () Addition
Name: IRISH, CHARLES F
Address: 210 E. 68TH STREET
City-St-Zip: NEW YORK, NY 10036 US

Title: T/S (X) Change () Addition
Name: THOMAS, MARGARETA
Address: 1621 BAY ROAD, SUITE 1208
City-St-Zip: MIAMI BEACH, FL 33139 US

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: OLIVER WOGUE P 10/25/2006

Electronic Signature of Signing Officer or Director Date