

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90032 040 ***158.75

DOCUMENT # P06000044434 1. Entity Name "YEARS TO YOUR HEALTH, INC."			
Principal Place of Business 1412 W. WATERS AVE., SUITE 205 TAMPA, FL 33604 US		Mailing Address 1412 W. WATERS AVE., SUITE 205 TAMPA, FL 33604 US	
2. Principal Place of Business - No P.O. Box # 1402 W. Waters Ave.		3. Mailing Address Same as business	
Suite, Apt. #, etc. Suites G and H		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33615	Country USA	Zip	Country
4. FEI Number 42-1699584		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04082007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent UNDERWOOD, LENNESE M 7911 SPRING VALLEY DRIVE TAMPA, FL 33615		7. Name and Address of New Registered Agent Name: Underwood, Lenese M. Street Address: 3127 W. El Prado Blvd. City: Tampa FL Zip Code: 33629	
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: <u>Lenese M. Underwood, Pres.</u> <u>Lenese M Underwood</u> 4/9/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/NP UNDERWOOD, LENNESE M 7911 SPRING VALLEY DRIVE TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/NP Underwood, Lenese M 3127 W. El Prado Blvd. Tampa, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S UNDERWOOD, LENNESE M 7911 SPRING VALLEY DRIVE TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Same as above <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Lenese M. Underwood, Pres.</u> <u>Lenese M Underwood</u> 4/9/2007 813-885-1364 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			