

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100169

FILED
Mar 17, 2009
Secretary of State

Entity Name: ALTERNATIVE HEALTH ENTERPRISES, INCORPORATED

Current Principal Place of Business:

261 9TH STREET SOUTH
SUITE 17
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

261 9TH STREET SOUTH
SUITE 17
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-5287581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGARRY, DEBORAH
4888 DAVIS BLVD STE 139
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

MCGARRY, DEBORAH
261 9TH STREET SOUTH
SUITE 17
NAPLES, FL 34102 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:

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCGARRY, DEBORAH
Address: 261 9TH STREET SO., STE. 17
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Delete
Name: MCGARRY, DEBORAH
Address: 4888 DAVIS BLVD. STE 139
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEBORAH MCGARRY

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date