## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000100935

Entity Name: HEALTH AND LIFE ONLINE INC.

FILED May 10, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1450 S. DIXIE HWY 3640 NORTH FEDERAL HWY

100 311

BOCA RATON, FL 33432 US POMPANO BEACH, FL 33064 US

**Current Mailing Address: New Mailing Address:** 

3640 NORTH FEDERAL HWY 896-N.FEDERAL HWY

POMPANO BEACH, FL 33062 US POMPANO BEACH, FL 33064 US

FEI Number: 20-5303301 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ABOUD, E ABOUD, E

1450 S. DIXIE HWY 3640 NÖRTH FEDERAL HWY

100 BOCA RATON, FL 33432 US POMPANO BEACH, FL 33064 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: E ABOUD 05/10/2007

> 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

ABOUD, E Name: Name: ABOUD, E

1450 S. DIXIE HWY 3640 NORTH FEDERAL HWY., STE. 311 Address: Address: City-St-Zip: BOCA RATON, FL 33432 US City-St-Zip: POMPANO BEACH, FL 33064 US

Title: () Change () Addition

Title: (X) Delete Name: AROLID F Name:

1450 S. DIXIE HWY Address: Address: BOCA RATON, FL 33432 US City-St-Zip: City-St-Zip:

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

ABOUD, E Name: Name: 1450 S. DIXIE HWY Address: Address City-St-Zip: BOCA RATON, FL 33432 US 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: E ABOUD S 05/10/2007