2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P06000102887

Entity Name: GOOD HEALTH AND FITNESS, INC.

Current Principal Place of Business:

3558 HERITAGE LANE
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

9631 GLADIOLUS BLVD., #108
FORT MYERS, FL 33908

New Mailing Address:

9671 GLADIOLUS BLVD., #108
FORT MYERS, FL 33908

FEI Number: 20-5345143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOOD, JEFF
3558 HERITAGE LANE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOOD, LOUANN
Address: 3558 HERITAGE LANE
City-St-Zip: FORT MYERS, FL 33908 US

Title: S ( ) Delete
Name: GOOD, JEFF
Address: 3558 HERITAGE LANE
City-St-Zip: FORT MYERS, FL 33908 US

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: LOUANN GOOD PRES 04/28/2008
Electronic Signature of Signing Officer or Director Date