

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P06000129973**  
 1. Entity Name  
 GUERISON DIVINE, NATURAL HEALTH INC.



**FILED**  
**Aug 27, 2008 08:00 AM**  
 Secretary of State

Principal Place of Business: 6699 N FEDERAL HWY #100, BOCA RATON, FL 33487  
 Mailing Address: 6699 N FEDERAL HWY #100, BOCA RATON, FL 33487

**DO NOT WRITE IN THIS SPACE**



08052008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3191839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 FENELON, MARJORIE  
 706-1/2 NW 1ST STREET  
 DELRAY BEACH, FL 33444

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000958412  
 08/27/08-80001-005 558.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FENELON, MARJORIE 706-1/2 BW 1ST STREET DELRAY BEACH, FL 33444
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IN THIS SPACE**

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:** MARJORIE FENELON 08-25-08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(561) 988-9680  
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