## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000134735

Name:

Address:

City-St-Zip:

CASE, KAREN

2212 HARBOUR CT #3

LONGBOAT KEY, FL 34228

Entity Name: FOCUS ON HEALTH ELEMENTS, INC.

FILED Feb 22, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	BOUR CT #3 AT KEY, FL 3	4228			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	BOUR CT #3 AT KEY, FL 3	1228			
FEI Number	: 51-0610004	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
LONGBOA	e of Florida.		ourpose of changing its registere	d office or registered agent, or both,	
0.0		nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( CASE, GLORI 2212 HARBOU LONGBOAT K	IR CT #3	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( CASE, HILDA 2212 HARBOL LONGBOAT K		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	т (	) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN CASE T 02/22/2009