

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147062

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: HEALTH TUNE UP & CHI REVIVE, INC

**Current Principal Place of Business:**

4491 STIRLING RD., UNIT 201  
DANIA BEACH, FL 33314

**New Principal Place of Business:**

4491 STIRLING RD,  
UNIT # 101  
DANIA BEACH, FL 33314

**Current Mailing Address:**

6500 HIDDEN COVE DR  
DAVIE, FL 33314

**New Mailing Address:**

FEI Number: 20-8016284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHEW, KUNNEE  
4491 STIRLING RD., UNIT 201  
DANIA BEACH, FL 33314 US

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

CHEW, KUNNEE  
4491 STIRLING RD,  
UNIT # 101  
DANIA BEACH, FL 33314 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:

Electronic Signature of Registered Agent

01/04/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: O ( ) Delete  
Name: CHEW, KUNNEE  
Address: 6500 HIDDEN COVE DR  
City-St-Zip: DAVIE, FL 33314

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

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: KUNNEE CHEW

Electronic Signature of Signing Officer or Director

OWNE

01/04/2008

Date