

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010248

Entity Name: TOTAL HEALTH FUSION, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

628 SW 5TH AVE.
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

628 SW 5TH AVE.
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 51-0620073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINNOCK, CAMERON
600 WEST LAS OLAS BOULEVARD
SUITE 2203 SOUTH
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

PINNOCK, CAMERON
628 SW 5TH AVE
FORT LAUDERDALE, FL 33315 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: CAMERON PINNOCK

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PINNOCK, CAMERON
Address: 600 WEST LAS OLAS BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: PINNOCK, CAMERON
Address: 628 SW 5TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

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: CAMERON PINNOCK

MR

04/28/2008

Electronic Signature of Signing Officer or Director

Date