

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038264

FILED  
Jul 03, 2009  
Secretary of State

Entity Name: HOLISTIC HEALTH MAGAZINE INC.

## Current Principal Place of Business:

5208 24TH AVE. EAST  
PALMETTO, FL 34221

## New Principal Place of Business:

## Current Mailing Address:

5208 24TH AVE. EAST  
PALMETTO, FL 34221

## New Mailing Address:

5208 24TH AVE. EAST  
PALMETTO, FL 34221 US

FEI Number: 02-0804818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TEGU, BETH  
5208 24TH AVE. EAST  
PALMETTO, FL 34221 US

## Name and Address of New Registered Agent:

TEGU, BETH S P  
5208 24TH AVE. EAST  
PALMETTO, FL 34221 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: BETH S TEGU

07/03/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TEGU, BETH  
Address: 5208 24TH AVE. EAST  
City-St-Zip: PALMETTO, FL 34221

Title: V ( ) Delete  
Name: MCMANUS, KEITH  
Address: 5208 24TH AVE. EAST  
City-St-Zip: PALMETTO, FL 34221

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TEGU, BETH S  
Address: 5208 24TH AVE. EAST  
City-St-Zip: PALMETTO, FL 34221

Title: V (X) Change ( ) Addition  
Name: MCMANUS, KEITH W  
Address: 5208 24TH AVE. EAST  
City-St-Zip: PALMETTO, FL 34221

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: BETH S TEGU

P

07/03/2009

Electronic Signature of Signing Officer or Director

Date