2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104158

FILED Jan 06, 2011 Secretary of State

Entity Name: HEALTH EDUCATION LEARNING PROGRAMS INC.

US

Current Principal Place of Business: New Principal Place of Business:

706 N.E. 10TH AVENUE

POMPANO BEACH, FL 33060 US

Current Mailing Address: New Mailing Address:

PO BOX 584

C/O CHRISTINE VON KANTOR POMPANO BEACH, FL 33061 US

FEI Number: 26-1562471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VON KANTOR, CHRISTINE D 706 N.E. 10TH AVENUE POMPANO BEACH, FL 33060

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 Date

OFFICERS AND DIRECTORS:

Title:

Name: VON KANTOR, CHRISTINE D
Address: 706 N.E. 10TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: T

Name: VON KANTOR, CHRISTINE D
Address: 706 N.E. 10TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: S

Name: VON KANTOR, GEORGE C Address: 706 N.E. 10TH AVENUE

City-St-Zip: POMPANO BEACH, FL 33060 US

Title:

 Name:
 VON KANTOR, CHRISTINE D

 Address:
 706 N.E. 10TH AVENUE

 City-St-Zip:
 POMPANO BEACH, FL 33060 US

Title: [

 Name:
 VON KANTOR, GEORGE C

 Address:
 706 N.E. 10TH AVENUE

 City-St-Zip:
 POMPANO BEACH, FL 33060 US

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE D VON KANTOR P 01/06/2011