2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HEALTH EDUCATION LEARNING PROGRAMS INC.

Current Principal Place of Business:

706 N.E. 10TH AVENUE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 584
C/O CHRISTINE VON KANTOR
POMPANO BEACH, FL 33061 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Title: D
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 01/06/2012

Electronic Signature of Signing Officer or Director Date