2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049603

Entity Name: ALL HEALTH EDUCATION INSTITUTE, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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405 N OCEAN BLVD #1905 405 N OCEAN BLVD POMPANO BEACH, FL 33062

1905

POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

405 N OCEAN BLVD #1905 405 N OCEAN BLVD

POMPANO BEACH, FL 33062 1905

POMPANO BEACH, FL 33062

CHOPOURIAN, SANA R MS

405 N OCEAN BLVD

FEI Number: 26-2636252 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:

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E

PALM BEACH GARDENS, FL 33410 1905 POMPANO BEACH, FL 33062 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: SANA CHOPOURIAN 04/22/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: () Delete () Change () Addition

CHOPOURIAN, SANA Name: Name: 405 N OCEAN BLVD #1905 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 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: SANA CHOPOURIAN 04/22/2009 D