## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065587

Entity Name: GLOBAL HEALTH PRODUCTS, INC

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5925 20TH AVE SOUTH, GULFPORT, FL 33707 5925 20TH AVE SOUTH GULFPORT, FL 33707 GULFPORT, FL 33707

**Current Mailing Address: New Mailing Address:** 

5925 20TH AVE SOUTH, GULFPORT, FL 33707 5925 20TH AVE SOUTH GULFPORT, FL 33707 GULFPORT, FL 33707

FEI Number: 26-2973056 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:

GULLICK, WAYNE J GULLICK, WAYNE J 5925 20TH AVE SOUTH, GULFPORT, FL 33707 5925 20TH AVE SOUTH GULFPORT, FL 33707 GULFPORT, FL 33707 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: 02/12/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

GULLICK, WAYNE J GULLICK, WAYNE J Name: Name: 5925 20TH AVE SOUTH, GULFPORT, FL 33707 5925 20TH AVE SOUTH Address: Address:

City-St-Zip: GULFPORT, FL 33707 City-St-Zip: GULFPORT, FL 33707

Title: Title: () Delete () Change () Addition Name: Name:

SULLIVAN, MICHAEL T 8706 MIDDLE CROSS PLACE Address: Address: TAMPA, FL 33635 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: () Change () Addition

SULLIVAN, MICHAEL T Name: Name:

8706 MIDDLE CROSS PLACE Address: Address: City-St-Zip: TAMPA, FL 33635 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.

Ρ SIGNATURE: WAYNE J. GULLICK 02/12/2009