

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000098096

Entity Name: HEALTHAPALOOZA, INC.

FILED  
Apr 14, 2011  
Secretary of State

## Current Principal Place of Business:

5288 N.W. 114TH AVE.  
APT. 102  
DORAL, FL 33178 US

## New Principal Place of Business:

## Current Mailing Address:

5288 N.W. 114TH AVE.  
APT. 102  
DORAL, FL 33178 US

## New Mailing Address:

FEI Number: 26-3652238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 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: PRES  
Name: KENNIFF, SEAN  
Address: 5288 N.W. 114TH AVE., APT. 102  
City-St-Zip: DORAL, FL 33178 US

Title: SECR  
Name: KENNIFF, SEAN  
Address: 5288 N.W. 114TH AVE., APT. 102  
City-St-Zip: DORAL, FL 33178 US

Title: TREA  
Name: KENNIFF, SEAN  
Address: 5288 N.W. 114TH AVE., APT. 102  
City-St-Zip: DORAL, FL 33178 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: SEAN KENNIFF

PRES

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date