

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099454

FILED
Mar 01, 2009
Secretary of State

Entity Name: GOOD HEALTH ENTERPRISES INC

Current Principal Place of Business:

13570 MYSTIC DRIVE
UNIT B-101
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

13570 MYSTIC DRIVE
UNIT B-101
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 80-0296797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUMMOND, MARTIN R
13570 MYSTIC DRIVE
UNIT B-101
SEBASTIAN, FL 32958 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRUMMOND, LORI A
Address: 13570 MYSTIC DRIVE UNIT B-101
City-St-Zip: SEBASTIAN, FL 32958

Title: SECY () Delete
Name: DRUMMOND, LORI A
Address: 13570 MYSTIC DRIVE UNIT B-101
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: DRUMMOND, LORI A
Address: 13570 MYSTIC DRIVE UNIT B-101
City-St-Zip: SEBASTIAN, FL 32958

Title: VP () Delete
Name: DRUMMOND, MARTIN R
Address: 13570 MYSTIC DRIVE UNIT B-101
City-St-Zip: SEBASTIAN, FL 32958

Title: T () Delete
Name: DRUMMOND, MARTIN R
Address: 13570 MYSTIC DRIVE UNIT B-101
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: DRUMMOND, MARTIN R
Address: 13570 MYSTIC DRIVE UNIT B-101
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARTIN R. DRUMMOND

VP

03/01/2009

Electronic Signature of Signing Officer or Director

Date