

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026836

Entity Name: HEALTH THERAPIES, INC.

FILED  
Jan 06, 2005  
Secretary of State

**Current Principal Place of Business:**

1109 N FEDERAL HWY #2  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

1109 N FEDERAL HWY #2  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 65-0430877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KIRSCH, BRUCE J  
3800 S OCEAN DR  
SUITE 218  
HOLLYWOOD, FL 33019 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: PSTD ( ) Delete  
Name: ENZ, META  
Address: 1830 DIXIANA ST #506  
City-St-Zip: HOLLYWOOD, FL 33020

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: META ENZ

PRES

01/06/2005

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

\_\_\_\_\_ Date