2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000064769

Entity Name: UNLIMITED HEALTH FOODS INC.

FILED Sep 12, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4900 LINTON BLVD.

#3

DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

7040 W. PALMETTO PK RD #6 BOCA RATON, FL 33433 1057 S WADSWORTH BLVD SUITE 30 LAKEWOOD, CO 80226

FEI Number: 65-0436992 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:

MORRIS, STEVEN 6286 DUSENBERG RD DELRAY BEACH, FL 33445 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: STEVEN MORRIS

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: MORRIS, JAY Name: MORRIS, JAY

Address: 3180 NW 63RD STREET Address: 1057 S WADSWORTH BLVD #30

City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: LAKEWOOD, CO 80226

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: MORRIS, JODI Name: MORRIS, JODI

Address: 3180 NW 63RD STREET Address: 1057 S WADSWORTH BLVD #30

City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: LAKEWOOD, CO 80226

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: JAY MORRIS P 09/12/2005