2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# P94000089749

Entity Name: FOR THE HEALTH OF IT, INC.

Current Principal Place of Business:

2217 WEST COUNTY HWY 30-A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 42
PT. WASHINGTON, FL 32454

New Mailing Address:

94 OLYMPUS ROAD
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3287992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERRY, EDWARD
P.O. BOX 42
PT. WASHINGTON, FL 32454 US

Name and Address of New Registered Agent:

BERRY, EDWARD
94 OLYMPUS ROAD
SANTA ROSA BEACH, FL 32459 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: EDWARD BERRY 04/14/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: BERRY, EDWARD
Address: 3631 E HWY 98
City-St-Zip: PT. WASHINGTON, FL 32454

Title: DVS ( ) Delete
Name: MORGAN, RACHEL
Address: 3631 E HWY 98
City-St-Zip: PT. WASHINGTON, FL 32454

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: BERRY, EDWARD
Address: 94 OLYMPUS ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DVS (X) Change ( ) Addition
Name: MORGAN, RACHEL
Address: 94 OLYMPUS ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD BERRY DPT 04/14/2007
Electronic Signature of Signing Officer or Director Date