
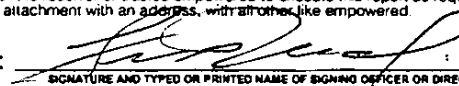


FILED
Apr 18, 2007 8:00 am
Secretary of State

04-02-2007 90051 011 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000020105		
1. Entity Name GOOD HEALTH FOODS, INC.		
Principal Place of Business 5714 JOHNSON STREET HOLLYWOOD, FL 33021	Mailing Address 5714 JOHNSON STREET HOLLYWOOD, FL 33021	
DO NOT WRITE IN THIS SPACE		
		03022007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0576099		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required
6. Name and Address of Current Registered Agent BILLISI, FRANK 5714 JOHNSON STREET HOLLYWOOD, FL		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renaming)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BILLISI, FRANK 5714 JOHNSON STREET HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BILLISI, LINDA 5714 JOHNSON STREET HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.		
SIGNATURE:  FRANK BILLISI, PD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-14-07 954 983-3711 <small>Date Daytime Phone #</small>