


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90150 020 ***150.00

DOCUMENT # P95000026158		
1. Entity Name VAN LANDINGHAM HEALTH QUEST, INC.		
Principal Place of Business 525 9TH AVE W PALMETTO, FL 34221 US	Mailing Address 525 9TH AVE W PALMETTO, FL 34221 US	



03132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0577983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VAN LANDINGHAM, BRENDA 525 9TH AVE WEST PALMETTO, FL 34221	DO NOT WRITE IN THIS SPACE
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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: Brenda Van Landingham 4/4/05 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN LANDINGHAM, BRENDA 525 9TH AVE. WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN LANDINGHAM, ERNEST 525 9TH AVE WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARECKI, CHRISTINE 2735 WININGS OAK DRIVE 285 Centennial Olympic ATLANTA, GA-30080 Apt 1708 Park 30313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEDEGARD, DABNEY 14574 83RD LANE N. LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE: Brenda Van Landingham 4/4/05 941-729-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #