


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000027941 1. Entity Name SURE THING HEALTH PRODUCTS, INC.					
Principal Place of Business 1440 J. F. KENNEDY CAUSEWAY SUITE 400 NORTH BAY VILLAGE FL 33141			Mailing Address 1440 J. F. KENNEDY CAUSEWAY SUITE 400 NORTH BAY VILLAGE FL 33141		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0573308	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLALOBOS, CARLOS J. 1440 J. F. KENNEDY CAUSEWAY SUITE 400 NORTH BAY VILLAGE FL 33141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-stating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD VILLALOBOS, CARLOS J. 1440 J. F. KENNEDY CAUSEWAY, SUITE 400 NORTH BAY VILLAGE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> U00000403528 02/06/06-80010-019 150.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACOB, ELI 1440 J. F. KENNEDY CAUSEWAY, SUITE 400 NORTH BAY VILLAGE FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.					
SIGNATURE: <i>Carlos Villalobos</i> CARLOS J. VILLALOBOS CFO 1/25/06 30586529 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/05)

Applied For
Not Applied

FL Zip Code

\$5.00 May Be Added to Fees

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Date Daytime Phone #