2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# P95000081264

Entity Name: MACKEY HEALTH INSTITUTE, INC.

Current Principal Place of Business:

1900 S OLIVE AVE
2ND FLOOR
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1900 S OLIVE AVE
2ND FLOOR
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 59-3311353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKEY, BONNIE
1900 S OLIVE AVE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MACKEY, BONNIE
Address: 1900 S. OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP ( ) Delete
Name: HUNTER, CAREN
Address: 1900 S OLIVE AVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete
Name: MACKEY, SUSAN
Address: 1900 S OLIVE AVE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MACKEY, BONNIE
Address: 1900 S. OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP (X) Change ( ) Addition
Name: HUNTER, CAREN
Address: 1900 S OLIVE AVE
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: T (X) Change ( ) Addition
Name: MACKEY, SUSAN
Address: 1900 S OLIVE AVE
City-St-Zip: WEST PALM BEACH, FL 33401 US

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: BONNIE T. MACKEY P 01/13/2006

Electronic Signature of Signing Officer or Director Date