

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000017980	
1. Entity Name HEALTH FRUITION NETWORK, INC.	

FILED
Apr 17, 2006 08:00 AM
Secretary of State

Principal Place of Business 1780 72ND AVENUE N.E. ST. PETERSBURG, FL 33702	Mailing Address 1780 72ND AVENUE N.E. ST. PETERSBURG, FL 33702
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04092006 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-3427674	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KINARD, BRENDA S 1780 72ND AVENUE N.E. ST. PETERSBURG, FL 33702
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINARD, BRENDA S 1780 72ND AVENUE N.E. ST. PETERSBURG, FL 33702
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04/29/06-80090-017 150.00

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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 all other like empowered.

SIGNATURE: *Brenda S Kinard* 4/12/06 7278219997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #