2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Aug 15, 2006 8:00 am Secretary of State **DOCUMENT # P97000087854** 08-15-2006 90005 046 ***150.00 MY HANDS YOUR HEALTH, INC. Principal Place of Business Mailing Address 50025255 1510 RODMAN STREET **601 BRICKELL KEY DRIVE** SUITE 705 HOLLYWOOD, FL 33020 US MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07312006 CR2E034 (11/05) Cha-P City & State City & State 4. FELNumber Applied For 65-0786710 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE LA PENA, VILLANUEVA & BAJANDAS, LLP. Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE **SUITE 705** MIAMI, FL 33131 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150:00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Detete TITLE ☐ Change ☐ Addition MIDDLETON, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 1510 RODMAN'ST CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP __ Delete TITLE ... ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

ATTACHMENT

Allyson L. Valenzuela 8022 NW 72 Street

Tamarac, Florida 33321

Telephone: (954) 722-8087 Fax: (954) 724-9579

July 14, 2006

Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

RE: My Hands Your Health, Inc. Document #: P97000087854

Sir or Madam:

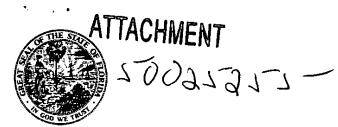
I am writing this letter in response to your notice of dissolution, which states that the above entity failed to file their 2006 annual report.

Please be advised that the above referenced entity never received the forms necessary to file the UBR report and does not have computer capabilities.

Please waive the late filing penalty and mail a duplicate UBR form so that the corporation can be reinstated.

Regards,

Allyson Valenzuela



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2006

MY HANDS YOUR HEALTH, INC. 8022 NW 72 STREET TAMARAC, FL 33321 US

SUBJECT: MY HANDS YOUR HEALTH, INC.

Ref. Number: P97000087854

Thank you for your correspondence of July 14, 2006, which has been forwarded to me for response.

ENCLOSING 2006 ANNUAL REPORT AS REQUESTED.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams Document Specialist

Letter Number: 106A00047953