


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000087854**

1. Entity Name  
**MY HANDS YOUR HEALTH, INC.**



Principal Place of Business <b>601 BRICKELL KEY DRIVE          SUITE 705          MIAMI, FL 33131</b>	Mailing Address <b>1510 RODMAN STREET          HOLLYWOOD, FL 33020 US</b>
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**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0786710</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DE LA PENA, VILLANUEVA & BAJANDAS, LLP.  
 601 BRICKELL KEY DRIVE  
 SUITE 705  
 MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000932729  
 05/22/08-80066-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIDDLETON, DEBORAH 1510 RODMAN ST HOLLYWOOD, FL 33020
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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: Deborah Malon  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_