


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000018423

1. Entity Name
WEALTH OF HEALTH INSTITUTE, PAULA KOGER, INC.



Principal Place of Business
**220 N. MOON AVENUE
 BRANDON, FL 33510**

Mailing Address
**220 N. MOON AVENUE
 BRANDON, FL 33510**

DO NOT WRITE IN THIS SPACE



07042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3528803

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOGER, PAULA
 220 N. MOON AVENUE
 BRANDON, FL 33510-4404**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOGER, PAULA
STREET ADDRESS	220 N. MOON AVENUE
CITY-ST-ZIP	BRANDON, FL 335104404
TITLE	D
NAME	KOGER, DAVID
STREET ADDRESS	220 N. MOON AVENUE
CITY-ST-ZIP	BRANDON, FL 335104404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Paula Koger 7/04/07 813661-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayside Phone #