

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018423

FILED
Feb 04, 2008
Secretary of State

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

Current Principal Place of Business:

220 N. MOON AVENUE
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

220 N. MOON AVENUE
BRANDON, FL 33510

New Mailing Address:

FEI Number: 59-3528803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOGER, PAULA
220 N. MOON AVENUE
BRANDON, FL 335104404 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: D () Delete
Name: KOGER, PAULA
Address: 220 N. MOON AVENUE
City-St-Zip: BRANDON, FL 335104404

Title: D () Delete
Name: KOGER, DAVID
Address: 220 N. MOON AVENUE
City-St-Zip: BRANDON, FL 335104404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAULA KOGER

PRES

02/04/2008

Electronic Signature of Signing Officer or Director

Date