

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018423

**FILED**  
**Jan 30, 2009**  
**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:**

INCORP SERVICES INC., 17888 67TH CT. NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

220 N. MOON AVENUE  
BRANDON, FL 33510

**New Mailing Address:**

648 WEST OREGON AVE  
CRESWELL, OR 97426

**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:**

JANICE, NULL  
17888 67TH CT. NORTH  
LOXAHATCHEE, FL 33470 US

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: MARK POBLETE

01/30/2009

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: D (X) Change ( ) Addition  
Name: KOGER, PAULA  
Address: 648 WEST OREGON  
City-St-Zip: CRESWELL, OR 97426

Title: D (X) Change ( ) Addition  
Name: KOGER, DAVID  
Address: 648 WEST OREGON AVE,  
City-St-Zip: CRESWELL, OR 97426

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

01/30/2009

Electronic Signature of Signing Officer or Director

Date