2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# P98000035005

Entity Name: BONA HEALTH, INC.

Current Principal Place of Business:

10634 PEBBLE COVE LN
BOCA RATON, FL 33498 US

New Principal Place of Business:

Current Mailing Address:

10634 PEBBLE COVE LN
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 65-0826539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONAVENTURE, EDDY
11164 HIGHLAND CIRCLE
BOCA WOODS
BOCA RATON, FL 33428 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:	T	( ) Delete
Name:	BLEUS, EMMANUEL V	
Address:	5100 SW 115 AVE	
City-St-Zip:	COOPER CITY, FL 33330	
Title:	P	( ) Delete
Name:	BONAVENTURE, EDDY	
Address:	11164 HIGHLAND CIRCLE BOCA WOODS	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	V	( ) Delete
Name:	LEGAGNEUR, JEAN SR.	
Address:	10634 PEBBLE COVE LN	
City-St-Zip:	BOCA RATON, FL 33498	
Title:	S	( ) Delete
Name:	LEGAGNEUR, J. GERARD JR.	
Address:	10634 PEBBLE COVE LANE	
City-St-Zip:	BOCA RATON, FL 33498	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: J. GERARD LEGAGNEUR, JR. D 04/10/2007

Electronic Signature of Signing Officer or Director — Date