

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035064

Entity Name: THE HEALTH MALL, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1351 WEST PALMETTO PARK ROAD
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

3301 SW 14TH PLACE
BAY # 3
BOYNTON BEACH, FL 33426

New Mailing Address:

1102 HOLLAND DRIVE
SUITE 11
BOCA RATON, FL 33487

FEI Number: 65-0832444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCHRANE, THOMAS
2801 EXCHANGE CT.
WEST PALM BEACH, FL 33409 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: DESTEFANO, LOUIS
Address: 3301 SW 14TH PLACE , BAY # 3
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DESTEFANO, LOUIS
Address: 1102 HOLLAND DRIVE, SUITE 11
City-St-Zip: BOCA RATON, FL 33487

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: LOUIS DESTEFANO

D

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date