2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# P98000040247

Entity Name: ANTI-AGING HEALTH STORE, INC.

Current Principal Place of Business:

5213 W. COLONIAL DR
ORLANDO, FL 32808

New Principal Place of Business:

5215 W. COLONIAL DR
ORLANDO, FL 32808

Current Mailing Address:

5213 W. COLONIAL DR
ORLANDO, FL 32808

New Mailing Address:

5215 W. COLONIAL DR
ORLANDO, FL 32808

FEI Number: 59-3509259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIEBERMAN, ROBERT A
5213 WEST COLONIAL DRIVE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

HORNE, NANCY L
5215 WEST COLONIAL DRIVE
ORLANDO, FL 32808 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: NANCY L. HORNE 04/19/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: HORNE, NANCY L
Address: 5217 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: PD (X) Delete
Name: LIEBERMAN, ROBERT ALAN
Address: 5217 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HORNE, NANCY L
Address: 5217 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

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: NANCY L. HORNE PD 04/19/2007
Electronic Signature of Signing Officer or Director Date