

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072655

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** AMERICAN HEALTH PRODUCTS, INC.

**Current Principal Place of Business:**

15316 HAMLIN BLVD.  
WEST PALM BEACH, FL 33470

**New Principal Place of Business:**

15316 HAMLIN BLVD.  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

15316 HAMLIN BLVD.  
WEST PALM BEACH, FL 33470

**New Mailing Address:**

15316 HAMLIN BLVD.  
LOXAHATCHEE, FL 33470

**FEI Number:** 65-0863657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOURLANEY, BILL  
15316 HAMLIN BLVD.  
WEST PALM BEACH, FL 33470 US

**Name and Address of New Registered Agent:**

HOURLANEY, BILL  
15316 HAMLIN BLVD.  
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: F.WILLIAM HOURLANEY

04/18/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOURLANEY, BILL  
Address: 15316 HAMLIN BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOURLANEY, BILL  
Address: 15316 HAMLIN BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470

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: F.WILLIAM HOURLANEY

PRES

04/18/2007

Electronic Signature of Signing Officer or Director

Date