2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# P98000072655

Entity Name: AMERICAN HEALTH PRODUCTS, INC.

Current Principal Place of Business:

15316 HAMLIN BLVD.
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

15316 HAMLIN BLVD.
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0863657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOURANEY, BILL
15316 HAMLIN BLVD.
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

HOURANEY, F.WILLIAM H
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 HOURANEY 04/26/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOURANEY, BILL
Address: 15316 HAMLIN BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HOURANEY, F.WILLIAM
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 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 HOURANEY MR 04/26/2008
Electronic Signature of Signing Officer or Director Date