2094 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000079005

1. Entity Name

SCIENTIFIC HEALTH DISCOVERY, INC.



Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

3050 EQUESTRIAN DRIVE BOCA RATON, FL 33434 Mailing Address

3050 EQUESTRIAN DRIVE BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

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02052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0865091

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, PETER C 3050 EQUESTRIAN DRIVE BOCA RATON, FL 33434

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8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000113761 	
10. OFFICERS AND DIRECTORS						
TITLE	D					
NAME	THOMAS, PETER C _					
STREET ADDRESS	3050 EQUESTRIAN DRIVE					
CITY-ST-ZIP	BOCA RATON, FL 33434	·				

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TITLE NAME STREET ACCRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CATY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 thys report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1xpul 10, 2004

1561-487-30