

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106365

FILED
Apr 20, 2007
Secretary of State

Entity Name: THE HEALTH ADVANTAGE NETWORK, INC.

Current Principal Place of Business:

465 S. ORLANDO AVE.
SUITE 208
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

465 S. ORLANDO AVE.
SUITE 208
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3563824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODBURN, SHAUN P
235 S. MAITLAND AVE
SUITE 115
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

WOODBURN, SHAUN P
465 S. ORLANDO AVE
SUITE 208
MAITLAND, FL 32751 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: SHAUN P. WOODBURN

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOODBURN, SHAUN P
Address: 235 S. MAITLAND AVE #115
City-St-Zip: MAITLAND, FL 32751

Title: VP (X) Delete
Name: WOODBURN, SHAUN P
Address: 235 S. MAITLAND AVE #115
City-St-Zip: MAITLAND, FL 32751

Title: TREA (X) Delete
Name: WOODBURN, SHAUN
Address: 235 S. MAITLAND AVE #115
City-St-Zip: MAITLAND, FL 32751

Title: SEC () Delete
Name: WOODBURN, SHAUN
Address: 235 S. MAITLAND AVE #115
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOODBURN, SHAUN P
Address: 465 S. ORLANDO AVE SUITE 208
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: WOODBURN, SHAUN
Address: 465 S. ORLANDO AVE SUITE 208
City-St-Zip: MAITLAND, FL 32751

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: SHAUN P. WOODBURN

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date