

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079733

FILED  
Jan 17, 2005  
Secretary of State

**Entity Name:** HEALTH REWARDS INTERNATIONAL, INC.

**Current Principal Place of Business:**

12233 94TH STREET NORTH  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

12233 94TH STREET NORTH  
LARGO, FL 33773

**New Mailing Address:**

**FEI Number:** 59-3599252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POHLIT, STEVE  
12233 94TH STREET NORTH  
LARGO, FL 33773 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**OFFICERS AND DIRECTORS:**

**Title:** PRES ( ) Delete  
**Name:** POHLIT, STEVE  
**Address:** 12233 94TH STREET NORTH  
**City-St-Zip:** LARGO, FL 33773

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

**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 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 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:** STEVE POHLIT

PRES

01/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date