2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# V54726

Entity Name: HEALTH STUDIES INSTITUTE, INC.

Current Principal Place of Business:

2560 N POWERLINE RD #201
POMPANO BCH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6808
DEERFIELD BCH, FL 334426808 US

New Mailing Address:

FEI Number: 65-0355254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARY V. SMITH
1230 N.W. 7 ST.
MIAMI, FL 33125 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: PD ( ) Delete
Name: RAUZIN, DENNIS,
Address: 7630 S WOODRIDGE DR
City-St-Zip: PARKLAND, FL 33067

Title: SD ( ) Delete
Name: RAUZIN, RITA,
Address: 7630 S WOODRIDGE DR
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DENNIS RAUZIN PRES 01/13/2005

Electronic Signature of Signing Officer or Director Date