

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000044930

FILED
Jun 06, 2006
Secretary of State

Entity Name: HEALTHY HOME AND ASSOCIATES, INC.

Current Principal Place of Business:

812 LAKEMONT HILLS BLVD
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

4211 E BUSCH BLVD
TAMPA, FL 33617

New Mailing Address:

FEI Number: 04-3787537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SAAVEDRA, PATRICIA
812 LAKEMONT HILLS BLVD
BRANDON, FL 33510 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: PATRICIA SAAVEDRA

06/06/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAAVERDA, PATRICIA
Address: 812 LAKEMONT HILLS BLVD
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAAVEDRA, PATRICIA
Address: 812 LAKEMONT HILLS BLVD
City-St-Zip: BRANDON, FL 33510

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: PATRICIA SAAVEDRA

PD

06/06/2006

Electronic Signature of Signing Officer or Director

Date