

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055775

Entity Name: HEALTHY CHANGES INC

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

9611 SUNSET STRIP  
SUNRISE, FL 33322

## New Principal Place of Business:

1876 NO. UNIVERSITY DR.  
101A  
SUNRISE, FL 33322

## Current Mailing Address:

9611 SUNSET STRIP  
SUNRISE, FL 33322

## New Mailing Address:

9611 SUNSET STRIP  
SUNRISE, FL 33322 US

FEI Number: 34-1989067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLLARI, PATRICIA  
7274 NW 63RD WAY  
PARKLAND, FL 33067 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: P ( ) Delete  
Name: LAWSON, ELAYNA  
Address: 9611 SUN SET STRIP  
City-St-Zip: SUNRISE, FL 33322

## 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 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: ELAYNA LAWSON

PRES

04/29/2008

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

\_\_\_\_\_  
Date