

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074324

Entity Name: A HEALTHY WAY, INC.

FILED  
Apr 18, 2006  
Secretary of State

## Current Principal Place of Business:

5533 SE AVALON DR  
STUART, FL 34997

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 6306  
STEWART, FL 34997

## New Mailing Address:

P O BOX 6306  
STUART, FL 34997

FEI Number: 58-2676400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WESSELMAN, JANIE  
4657 SE BINNACLE WAY  
STUART, FL 34997 US

## Name and Address of New Registered Agent:

WESSELMAN, JANIE  
5533 SE AVALON DRIVE  
STUART, FL 34997 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:

04/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WESSELMAN, JANIE  
Address: 4657 SE BINNACLE WAY  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: HEWETT, SUMMER L  
Address: 3720 SE GATEHOUSE CIRCLE APT 51  
City-St-Zip: STUART, FL 34994

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WESSELMAN, JANIE  
Address: 5533 SE AVALON DRIVE  
City-St-Zip: STUART, FL 34997

Title: D (X) Change ( ) Addition  
Name: HEWETT, SUMMER L  
Address: 5533 SE AVALON DRIVE  
City-St-Zip: STUART, FL 34997

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: JANIE WESSELMAN

D

04/18/2006

Electronic Signature of Signing Officer or Director

Date