

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001628

Entity Name: HEALTHY INSIGHTS, INC.

FILED
Jan 12, 2008
Secretary of State

Current Principal Place of Business:

12355 DOGLEG DR
BOYNTON BEACH, FL 33437

New Principal Place of Business:

5150 LINTON BLVD
SUITE 310
DELRAY BEACH, FL 33484

Current Mailing Address:

12355 DOGLEG DR
BOYNTON BEACH, FL 33437

New Mailing Address:

5150 LINTON BLVD
SUITE 310
DELRAY BEACH, FL 33484

FEI Number: 13-4192811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERG, CARYN PHD
12355 DOGLEG DR
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

GOLDBERG, CARYN PHD
5150 LINTON BLVD
SUITE 310
DELRAY BEACH, FL 33484 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: CARYN GOLDBERG

01/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOLDBERG, CARYN
Address: 12355 DOGLEG DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOLDBERG, CARYN
Address: 5150 LINTON BLVD, SUITE 310
City-St-Zip: DELRAY BEACH, FL 33484

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: CARYN GOLDBERG

PRES

01/12/2008

Electronic Signature of Signing Officer or Director

Date