

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004959

Entity Name: HEALTHSTYLES, INC.

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

1639 OAK PARK LANE  
HELENA, AL 35080

**New Principal Place of Business:**

**Current Mailing Address:**

1639 OAK PARK LANE  
HELENA, AL 35080

**New Mailing Address:**

FEI Number: 20-5012017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, ROBERT B  
540 HIDDEN PINES BLVD  
NEW SMYRNA BCH, FL 32168 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

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: DPT ( ) Delete  
Name: WILLIAMS, DAVID ROBERT  
Address: 1639 OAK PARK LANE  
City-St-Zip: HELENA, AL 35080

Title: DVPS ( ) Delete  
Name: WILLIAMS, JAMIE LYNN  
Address: 1639 OAK PARK LANE  
City-St-Zip: HELENA, AL 35080

**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 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: DAVID ROBERT WILLIAMS

DPT

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date