2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # K07823

HEALTHY PRODUCTS, INC.



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

MAM, FL 33155 US

Mailing Address

8567 CCFAL WAY **SUTE 330**

101 WILLOWLAKEDFIVE ASHEVILLE, NC 28805



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 65-0020189 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

04262007

Fee Required

CR2E034 (11/05)

MATLIN, BRIAN 7890 CORAL WAY MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

No Chg-P

8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and title	if annimation (NOTE: Decistary) Ann	nt elemen ve	required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	, _□	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
MLE	Р				
NAME	STANCHICH, LINO				
STREET ADDRESS	101 WILLOW LAKE DR.				
CITY-ST-ZIP	ASHEVILLE, NC 28805				
TITLE	V				
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STREET ADDRESS	101 WILLOW LAKE DR.				05/16/07-80016-017 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

an J. Quincannow