2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2008
Secretary of State

DOCUMENT# L02000008223

Entity Name: HEALTY IMPRESSIONS, LLC

Current Principal Place of Business:

HEALTHY IMPRESSIONS
26841 CLARKSTON DR, STE 13101
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

HEALTHY IMPRESSIONS
26841 CLARKSTON DR, STE 13101
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 02-0651704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNETT, ROBERT L CEO
26841 CLARKSTON DR
STE 13101
BONITA SPRINGS, FL 34135 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

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: KENNETT, ROBERT L
Address: 26841 CLARKSTON DR, STE 13101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete
Name: KENNETT, JOAN E
Address: 26841 CLARKSTON DR, STE 13101
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT L KENNETT P 02/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date