


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90022 030 \*\*\*\*50.00

<b>DOCUMENT # L03000041375</b>	
<b>1. Entity Name</b> HEALTHY PLANET OF BREVARD, LLC	

<b>Principal Place of Business</b> 164 JAMAICA DR. COCOA BEACH, FL 32931	<b>Mailing Address</b> 164 JAMAICA DR. COCOA BEACH, FL 32931
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**DO NOT WRITE IN THIS SPACE**



04102006No Chg-LLC

CR2E083 (11/05)

<b>4. FEI Number</b> 38-3692449	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

FRICKER, ERIC  
164 JAMAICA DR.  
COCOA BEACH, FL 32931

**DO NOT WRITE IN THIS SPACE**

**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** Judy McCluney **4-16-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRICKER, ERIC 164 JAMAICA DR. COCOA BEACH, FL 32931
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, DAN 2869 PENNINGTON PL MELBOURNE, FL 32935 <i>Delete</i>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLUNEY, JUDY 1908 MANOR DR COCOA, FL 32922
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cielukowski, John 9 Harbor Cir. Cocoa Beach, FL 32931 <i>Add</i>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**11. 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 is true and accurate and that my 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:** Judy McCluney Judy McCluney 4-16-06 321-636-0140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #