2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2006
Secretary of State

DOCUMENT# L04000067637

Entity Name: HEALTHY LIVING SOLUTIONS, L.L.C.

Current Principal Place of Business:

P&MP, BOX 107
SUITE 110, 201 2ND AVE
COLLEGEVILLE, PA 19426

New Principal Place of Business:

1043 GREENES WAY CIRCLE
COLLEGEVILLE, PA 19462

Current Mailing Address:

P&MP, BOX 107
SUITE 110, 201 2ND AVE
COLLEGEVILLE, PA 19426

New Mailing Address:

1043 GREENES WAY CIRCLE
COLLEGEVILLE, PA 19426

FEI Number: 42-1647358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BAXLEY, MILTON H II
1929 N.W. 12TH TERRACE
GAINESVILLE, FL 32609 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: MGRM ( ) Delete
Name: CANTOR, JEFFREY
Address: 727 CENTER ST
City-St-Zip: STROVE, PA 19464

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY CANTOR MGRM 05/19/2006

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