2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

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Entity Name: HEALTHY LIFE VITAMIN SHOPPE, LLC

Current Principal Place of Business:

320 PALM COAST PKWY NE SUITE B,C,D
PALM COAST, FL 32137 US

New Principal Place of Business:

5560 LANCEWOOD CIRCLE SOUTH
PORT ORANGE, FL 32127 US

Current Mailing Address:

320 PALM COAST PKWY NE SUITE B,C,D
PALM COAST, FL 32137 US

New Mailing Address:

5560 LANCEWOOD CIRCLE SOUTH
PORT ORANGE, FL 32127 US

FEI Number: 54-2167056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: LEBEDZ, CASSANDRA D
Address: 4 FLAXTON LANE
City-St-Zip: PALM COAST, FL 32137 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEBEDZ, CASSANDRA D
Address: 5560 LANCEWOOD CIRCLE SOUTH
City-St-Zip: PORT ORANGE, FL 32127 US

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: CASSANDRA D LEBEDZ MGRM 04/03/2007

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