2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# L05000050955

Entity Name: HEALTHY ALTERNATIVES, LLC

Current Principal Place of Business:

17 NW 33RD COURT
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

6110 NW 1ST PLACE, SUITE A
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-2843015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRANEY, DR. KYLE
17 NW 33RD COURT
GAINESVILLE, FL 32606 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: DRANEY, KYLE DR
Address: 17 NW 33RD COURT
City-St-Zip: GAINESVILLE, FL 32606

Title: MGR ( ) Delete
Name: SHEY, KARA
Address: 6110 NW 1ST PLACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

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 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: KARA E. SHEY MGR 01/04/2006

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