2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000015539

Entity Name: HEALTHY OPTIONS, LLC

Current Principal Place of Business:

2007 75TH STREET, NW
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

2007 75TH STREET, NW
BRADENTON, FL 34209

New Mailing Address:

P.O. BOX 15286
BRADENTON, FL 34280

FEI Number: 03-0587053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES, FL 34102 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: MGR ( ) Delete
Name: CHIN, WARREN W
Address: 2007 75TH STREET, NW
City-St-Zip: BRADENTON, FL 34209

Title: MGR ( ) Delete
Name: CHIN, JULIE A
Address: 2007 75TH STREET, NW
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CHIN, WARREN W
Address: P.O. BOX 15286
City-St-Zip: BRADENTON, FL 34280

Title: MGR (X) Change ( ) Addition
Name: CHIN, JULIE A
Address: P.O. BOX 15286
City-St-Zip: BRADENTON, FL 34280

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: WARREN W CHIN MGR 04/30/2007

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