2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L08000098925

Entity Name: HEALTHY SOLUTIONS PLANET, LLC

Current Principal Place of Business:

610 SYCAMORE STREET
STE 340
CELEBRATION, FL 34747

New Principal Place of Business:

4300 NW 43RD STREET
SUITE 500
GAINESVILLE, FL 32606

Current Mailing Address:

610 SYCAMORE STREET
STE 340
CELEBRATION, FL 34747

New Mailing Address:

4300 NW 43RD STREET
SUITE 500
GAINESVILLE, FL 32606

FEI Number: 26-3699300 **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:

CORPDIRECT AGENTS, INC
515 EAST PARK AVE
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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRGM ( ) Change (X) Addition
Name: CRITICAL POINT SOLUTIONS, LLC
Address: 4300 NW 43RD ST, SUITE 525
City-St-Zip: GAINESVILLE, FL 32606

Title: MRGM ( ) Change (X) Addition
Name: JOE BLOE, LLC
Address: 4300 NW 43RD ST, SUITE 525
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Change (X) Addition
Name: GALAXY1 PARTNERS, LLC
Address: 610 SYCAMORE STREET, SUITE 340
City-St-Zip: CELEBRATION, FL 34747

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: KEITH ALLAUN MGRM 05/01/2009

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