2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L48508

1. Entity Name
HEALTHY D'LITES, INC.

FILED
Aug 24, 2006 8:00 am
Secretary of State
08-24-2006 90063 039 ***150.00

Principal Place of Business
~~8132 WILES RD~~
~~CORAL SPRINGS, FL 33067-2061~~

Mailing Address
~~8132 WILES RD~~
~~CORAL SPRINGS, FL 33067-2061~~

08172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
5051 Coral Ridge Dr		5051 Coral Ridge Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Coral Springs FL		City & State: Coral Springs FL	
Zip: 33076	Country: US	Zip: 33076	Country: US

4. FEI Number: 65-0175807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FINE, STEVEN
109 SE 9 ST
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FORMAN, ALFRED ~~8132 WILES RD.~~ CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D Forman, Alfred 5051 Coral Ridge Dr Coral Springs FL 33076	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FORMAN, PAULA ~~8132 WILES ROAD~~ CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Forman, Paula 5051 Coral Ridge Dr Coral Springs FL 33076	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Al Forman X 8/21/06 954-510-0416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #