2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N00000000817

Entity Name: HEALTHIER WAY OF LIFE II, INC.

Current Principal Place of Business:

10152 NW 13TH COURT
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

10152 NW 13TH COURT
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 65-0983545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JOSEPH B
10152 NW 13TH COURT
PLANTATION, FL 33322 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

OFFICERS AND DIRECTORS:

Title:	TP	( ) Delete
Name:	WILLIAMS, MALA D	
Address:	10152 NW 13TH COURT	
City-St-Zip:	PLANTATION, FL 33322	
Title:	TV	( ) Delete
Name:	WILLIAMS, JOSEPH B	
Address:	10152 NW 13TH COURT	
City-St-Zip:	PLANTATION, FL 33322	
Title:	TD	(X) Delete
Name:	BISPOTT, JOAN E	
Address:	10152 NW 13TH COURT	
City-St-Zip:	PLANTATION, FL 33322	
Title:	TD	(X) Delete
Name:	GEORGE, BEVERLY	
Address:	10152 NW 13TH COURT	
City-St-Zip:	PLANTATION, FL 33322	
Title:	TD	(X) Delete
Name:	SOLOMON, GLORIA	
Address:	10152 NW 13TH COURT	
City-St-Zip:	PLANTATION, FL 33322	
Title:	TD	(X) Delete
Name:	BOODRAM, RAQUEL	
Address:	10152 NW 13TH COURT	
City-St-Zip:	PLANTATION, FL 33322	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH B. WILLIAMS TV 04/27/2006
Electronic Signature of Signing Officer or Director — Date