

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 24, 2005
Secretary of State

DOCUMENT# N02000008723

Entity Name: HEALTHYLIVING FOUNDATION, INC.**Current Principal Place of Business:**901 TOWN HALL AVENUE
JUPITER, FL 33458**New Principal Place of Business:**11406 172 PLACE N
JUPITER, FL 33478**Current Mailing Address:**903 TOWN HALL AVENUE
JUPITER, FL 33458**New Mailing Address:**11406 172 PLACE N
JUPITER, FL 33478**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROBINETTE, PAT
129 CENTER STREET
JUPITER, FL 33458 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: D (X) Delete
Name: KARPINIA, WALTER R
Address: 1104 172ND PLACED NORTH
City-St-Zip: JUPITER, FL 33478Title: D () Delete
Name: KARPINIA, SUZANNE DENISE
Address: 1104 172ND PLACED NORTH
City-St-Zip: JUPITER, FL 33478Title: D () Delete
Name: ROBINETTE, PATRICIA A
Address: 129 CENTER STREET
City-St-Zip: JUPITER, FL 3458Title: T () Delete
Name: HEMPHILL, BARBARA
Address: 903 TOWN HALL
City-St-Zip: JUPITER, FL 33458**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: P (X) Change () Addition
Name: KARPINIA, SUZANNE DENISE
Address: 11406 172ND PLACED NORTH
City-St-Zip: JUPITER, FL 33478Title: D (X) Change () Addition
Name: ROBINETTE, PATRICIA A
Address: 312 KENNEDY STREET
City-St-Zip: JUPITER, FL 33458Title: T (X) Change () Addition
Name: HEMPHILL, BARBARA
Address: 13021 158 STREET N
City-St-Zip: JUPITER, FL 33478

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAT ROBINETTE

D

05/24/2005

Electronic Signature of Signing Officer or Director

Date