

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2006
Secretary of State**

DOCUMENT# N02000008723

Entity Name: HEALTHYLIVING FOUNDATION, INC.

Current Principal Place of Business:

11406 172 PLACE N
JUPITER, FL 33478

New Principal Place of Business:

Current Mailing Address:

11406 172 PLACE N
JUPITER, FL 33478

New Mailing Address:

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: P () Delete
Name: KARPINIA, SUZANNE DENISE
Address: 11406 172ND PLACED NORTH
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: ROBINETTE, PATRICIA A
Address: 312 KENNEDY STREET
City-St-Zip: JUPITER, FL 33458

Title: T () Delete
Name: HEMPHILL, BARBARA
Address: 13021 158 STREET N
City-St-Zip: JUPITER, FL 33478

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:

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: PAT ROBINETTE

D

04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date