

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008723

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**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:** 86-1074232      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINETTE, PAT  
317 KENNEDY STREET  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

ROBINETTE, PAT  
11406 172 PLACE NORTH  
JUPITER, FL 33478 US

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: \_\_\_\_\_ 03/24/2010  
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBINETTE, SUZANNE DENISE  
Address: 11406 172ND PLACED NORTH  
City-St-Zip: JUPITER, FL 33478

Title: S/T  
Name: ROBINETTE, PATRICIA A  
Address: 11406 172 PLACE NORTH  
City-St-Zip: JUPITER, FL 33478

Title: D  
Name: CONSTANTAKOS, PALMEA M  
Address: 849 SUMMERWOOD DRIVE  
City-St-Zip: JUPITER, FL 33458

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA ANN ROBINETTE S/T 03/24/2010  
Electronic Signature of Signing Officer or Director Date