2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002147

1. Entity Name
BE HEALTHY, INC.

Principal Place of Business	Mailing Address
333 W. 41ST STREET SUITE 414 MIAMI BEACH, FL 33140	333 W. 41ST STREET SUITE 414 MIAMI BEACH, FL 33140

04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0156239
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALIPO, JANET
333 W. 41ST STREET
SUITE 414
MIAMI BEACH, FL 33140

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

Filing Fee is $61.25
Due by May 1, 2006

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

000000531456
05/06/06-80044-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GALIPO, JANET
STREET ADDRESS	333 W. 41ST STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	HOULAHAN, KATHLEEN
STREET ADDRESS	50 ASHLAND STREET
CITY-ST-ZIP	ARLINGTON, MA 02476
TITLE	D
NAME	KRONER, JONATHAN
STREET ADDRESS	100 N. BISCAYNE BLVD., SUITE 3000
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: Janet Galipo 04 21 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #