2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# N03000002147

Entity Name: BE HEALTHY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 30-0156239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALIPO, JANET
333 W. 41ST STREET
SUITE 414
MIAMI BEACH, FL 33140 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 ( ) Delete
Name: GALIPO, JANET
Address: 333 W. 41ST STREET
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: HOULAHAN, KATHLEEN
Address: 50 ASHLAND STREET
City-St-Zip: ARLINGTON, MA 02476

Title: D ( ) Delete
Name: KRONER, JONATHAN
Address: 100 N. BISCAYNE BLVD., SUITE 3000
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: GALIPO, JANET
Address: 333 W. 41ST STREET
City-St-Zip: MIAMI BEACH, FL 33140

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 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: JANET GALIPO DR. 03/17/2008

Electronic Signature of Signing Officer or Director — Date