2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
Secretary of State

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Entity Name: HEALTHY LEARNING ACADEMY, INC.

Current Principal Place of Business:

2101 NW 39TH AVENUE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2101 NW 39TH AVENUE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-3368422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, BETTIANNE
401 SW 42ND STREET
GAINESVILLE, FL 32607 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
Name: FORD, BETTIANNE
Address: 401 SW 42 STREET
City-St-Zip: GAINESVILLE, FL 32607 US

Title: VP
Name: CRAPO, SHEILA
Address: 17722 SE 59TH STREET
City-St-Zip: MICANOPY, FL 32667 US

Title: D
Name: SPERLING, SHARON T
Address: 2325 NW 63 TERRACE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D
Name: MARTIN, FRANCES
Address: 6348 SW 78TH LANE
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: D
Name: DEVIESE, CAROLE
Address: 4340 NEWBERRY RD
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D
Name: O'REILLY, MONICA
Address: 4031 NW 97TH BLVD., STE. D
City-St-Zip: GAINESVILLE, FL 32606 US

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: BETTIANNE FORD P 01/12/2011

Electronic Signature of Signing Officer or Director — Date