

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


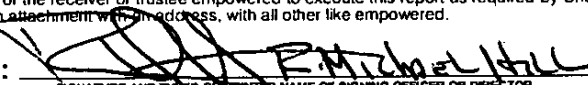
**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90198 016 \*\*\*\*61.25

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04242006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N05000005132</b>					
1. Entity Name HEALTHY BAKER, INC.					
Principal Place of Business 460 WEST LOWDER STREET MCCLENNY, FL 32063			Mailing Address 460 WEST LOWDER STREET MCCLENNY, FL 32063		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 76-0792342	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILL, R. MICHAEL 431 OAK AVENUE PANAMA CITY, FL 32401				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	DUNLAVEY, KERRY E		<input type="checkbox"/> Delete	
NAME		2623 ALGONQUIN AVE			
STREET ADDRESS		JACKSONVILLE, FL 32210			
CITY-ST-ZIP					
TITLE	V	CREWS, MARCHETA		<input type="checkbox"/> Delete	
NAME		5762 MARTIN RHODEN LANE			
STREET ADDRESS		MACCLENNY, FL 32063			
CITY-ST-ZIP					
TITLE	ST	HILL, R. MICHAEL		<input type="checkbox"/> Delete	
NAME		431 OAK AVENUE			
STREET ADDRESS		PANAMA CITY, FL 32401			
CITY-ST-ZIP					
TITLE	D	EASTMAN, SHAWN		<input type="checkbox"/> Delete	
NAME		161 OHIO AVENUE			
STREET ADDRESS		MACCLENNY, FL 32063			
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 		4/25/2006		850-872-4128	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	