

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006684

FILED
Jun 06, 2007
Secretary of State

Entity Name: HEALTHY CHOICES AND LIFESTYLES, INC.

Current Principal Place of Business:

12590 NE 16TH AVENUE
#606
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

12590 NE 16TH AVENUE
#606
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 20-3081345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, PHYLLIS
12590 NE 16TH AVENUE
#606
NORTH MIAMI, FL 33161 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NESBITT, CONSTANCE
Address: 9811 NORTH HOLLYBROOK LAKE DR. #305
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: ALFORD, BARBARETTE
Address: 5242 NW 25TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: LAPORTE, MARY ETTA
Address: 125 NW 84TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SIMPKINS, FELIX
Address: 3601 NW 194TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CALLINGTON, SHIRLEY
Address: 3404 SW 63RD WAY
City-St-Zip: MIRAMAR, FL 33023

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: PHYLLIS JOHNSON

D

06/06/2007

Electronic Signature of Signing Officer or Director

Date