2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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TALLAHASSEE, FLORIDA

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DOCUMENT # N05000009509

1. Entity Name
HEALTHY 4EVER FOUNDATION, INC.

Principal Place of Business	Mailing Address
215 LOVELACE DR APT 10 TALLAHASSEE, FL 32304	215 LOVELACE DR APT 10 TALLAHASSEE, FL 32304

01232006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
3303 E 12th Ave Suite, Apt. #, etc.	3303 E 12th Ave Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa Florida
Zip: 33605 Country: Hillsborough	Zip: 33605 Country: Hillsborough

4. FEI Number 20 0454921 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, CURTIS JR 215 LOVELACE DR APT 10 TALLAHASSEE, FL 32304	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 Florica. 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALKER, CURTIS JR 215 LOVELACE DR APT 10 TALLAHASSEE, FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Walker Curtis Jr 3303 12th Ave Tampa, Fla 33605 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONOLY, PAMELA 6003 BUCK LAKE RD TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYD, MICHAEL J 2724 BEDFORD WAY TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Curtis Walker Jr 3/5/06 (813) 598-2157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #