2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2007
Secretary of State

DOCUMENT# N06000007091

Entity Name: HEALTHY FAMILY FOUNDATION CORP

Current Principal Place of Business:

5620 E FOWLER AVE
SUITE 1
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

5620 E FOWLER AVE
SUITE 1
TAMPA, FL 33617

New Mailing Address:

FEI Number: 20-5141482 **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:

WESTHOFF, WAYNE
5620 E FOWLER AVE
SUITE 1
TAMPA, FL 33617 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 ( ) Delete
Name: WESTHOFF, WAYNE
Address: 5620 E FOWLER AVE
City-St-Zip: TAMPA, FL 33617

Title: S,T ( ) Delete
Name: CORVIN, JAIME
Address: 5620 E FOWLER AVE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WAYNE WESTHOFF P 09/02/2007

Electronic Signature of Signing Officer or Director — Date