

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000310

Entity Name: HEALTHFUL KIDS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2627 NE 203 STREET
NO. 113
AVENTURA, FL 33180

New Principal Place of Business:

1210 102 STREET
BAY HARBOR ISLANDS, FL 33154

Current Mailing Address:

2627 NE 203 STREET
NO. 113
AVENTURA, FL 33180

New Mailing Address:

1210 102 STREET
BAY HARBOR ISLANDS, FL 33154

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG M. DORNE, PA
407 LINCOLN ROAD
PENTHOUSE SOUTHEAST
MIAMI BEACH, FL 33139 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: D () Delete
Name: JULIEN, RONNI LITZ
Address: 2627 NE 203 STREET, NO. 113
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: MEISELMAN, JONI
Address: 2627 NE 203 STREET, NO. 113
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: TUCKERMAN, BELINDA
Address: 2627 NE 203 STREET, NO. 113
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: FARR, MYRA
Address: 2627 NE 203 STREET, NO. 113
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JULIEN, RONNI LITZ
Address: 1210 102 STREET
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D (X) Change () Addition
Name: MEISELMAN, JONI
Address: 1210 102 STREET
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D (X) Change () Addition
Name: TUCKERMAN, BELINDA
Address: 1210 102 STREET
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D (X) Change () Addition
Name: FARR, MYRA
Address: 1210 102 STREET
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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: RONNI LITZ JULIEN

MGRM

04/30/2009

Electronic Signature of Signing Officer or Director

Date