

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002868

FILED
Jan 05, 2011
Secretary of State

Entity Name: HEALTHY OPTIONS FOR PHYSICAL EDUCATION, INC.

Current Principal Place of Business:

8107 VINELAND OAKS BLVD.
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

8107 VINELAND OAKS BLVD.
ORLANDO, FL 32835

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNOW, SINDEE
8107 VINELAND OAKS BLVD.
ORLANDO, FL 32835 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,P
Name: DEVLIN, YVONNE
Address: 8107 VINELAND OAKS BLVD.
City-St-Zip: ORLANDO, FL 32835

Title: D,T,
Name: SNOW, SINDEE
Address: 8107 VINELAND OAKS BLVD.
City-St-Zip: ORLANDO, FL 32835

Title: D,S
Name: OWEN, TERRI
Address: 6700 KINGSPONTE PARKWAY
City-St-Zip: ORLANDO, FL 32819

I hereby 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 all other like empowered.

SIGNATURE: YVONNE DEVLIN

DP

01/05/2011

Electronic Signature of Signing Officer or Director

Date