

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 02, 2012
Secretary of State

DOCUMENT# N10000009086

Entity Name: HEALTHY GIVING INC.**Current Principal Place of Business:**252 DEER HAVEN DR
PONTE VEDRA BEACH, FL 32082**New Principal Place of Business:****Current Mailing Address:**252 DEER HAVEN DR
PONTE VEDRA BEACH, FL 32082**New Mailing Address:****FEI Number:** 27-3562485**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RILEY, CHRISTIAN H
252 DEER HAVEN DR
PONTE VEDRA BEACH, FL 32082 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
Name: RILEY, CHRISTIAN
Address: 252 DEER HAVEN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: HICKEY, RABIAH
Address: 885 6TH AVE S
City-St-Zip: JACKSONVILLE BEACH, FL 32082

Title: D
Name: ESPINOSA, MARIA
Address: 217 DAVIS ST
City-St-Zip: NEPTUNE BEACH, FL 32266

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: CHRIS RILEY

MR

07/02/2012

Electronic Signature of Signing Officer or Director

Date