

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90041 042 ****61.25

DOCUMENT # N94000003485

1. Entity Name

HEALTHY PALM BEACHES, INC.



Principal Place of Business 324 DATURA ST. SUITE 401 WEST PALM BEACH FL 33401	Mailing Address 324 DATURA ST. SUITE 401 WEST PALM BEACH FL 33401
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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94058609
 MOORE CR2E037 (11/03)

4. FEI Number 65-0550288	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 COLEMAN, IRA J
 MCDERMOTT WILL & EMERY
 201 S. BISCAYNE BLVD.
 MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name Peter S. Sachs
 Street Address (P.O. Box Number is Not Acceptable)
Sachs, Sax & Klein, P.A.
301 Yamato Road - Suite 4150
 City Boca Raton, FL Zip Code FL 33431

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 Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE [Signature] Peter S. Sachs DATE 4/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	
TITLE NAME D GREAR, EFFIE C STREET ADDRESS 611 SW 4TH STREET CITY-ST-ZIP BELLE GLADE FL 33430	<input type="checkbox"/> Delete
TITLE NAME D GOODLETT, C. DAVID STREET ADDRESS 330 CLEMATIS ST CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME D FAGO, ELIZABETH STREET ADDRESS 2401 PGA BLVD STE 146 CITY-ST-ZIP PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME D NIKOLITS, GARY R STREET ADDRESS 301 N OLIVE AVE 5TH FLOOR CITY-ST-ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME D PIERCE, STANLEY STREET ADDRESS 7412 MANDARIN DRIVE CITY-ST-ZIP BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME D MALECKI, JEAN M STREET ADDRESS 826 EVERNIA ST. CITY-ST-ZIP WEST PALM BEACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D SCHATZ, RANDEE STREET ADDRESS 324 DATURA ST - #401 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME CEO CHENETTE, DWIGHT STREET ADDRESS 324 DATURA ST - #401 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE 04/13/04 DAYTIME PHONE # 561 6591276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #