

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


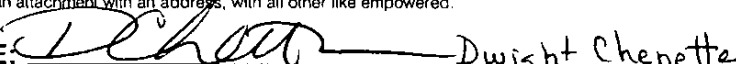
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Aug 31, 2007 8:00 am
Secretary of State

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08012007 Chg-NP CR2E037 (12/06)

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0550288	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SACHS, PETER S SACHS, SAX, & KLEIN, P.A. 301 YAMATO RD., STE. 4150 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GREAR, EFFIE C	NAME	Machek, Richard		
STREET ADDRESS	611 SW 4TH STREET	STREET ADDRESS	324 Datura Street 401		
CITY-ST-ZIP	BELLE GLADE, FL 33430	CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	D <input type="checkbox"/> Delete	TITLE	Satter, Jonathan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GOODLETT, C. DAVID	NAME	Satter, Jonathan		
STREET ADDRESS	330 CLEMATIS ST	STREET ADDRESS	324 Datura street 401		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	D <input type="checkbox"/> Delete	TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHATZ, RANDEE S	NAME	Chenette Dwight		
STREET ADDRESS	324 DATURA STREET 401	STREET ADDRESS	324 Datura Street 401		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLOSBERG, IRVING	NAME			
STREET ADDRESS	324 DATURA ST #401	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERCE, STANLEY	NAME			
STREET ADDRESS	7412 MANDARIN DRIVE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MALECKI, JEAN M	NAME			
STREET ADDRESS	826 EVERNIA ST.	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Dwight Chenette		3/10/07 561/659-1270	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	