2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003485

Entity Name: HEALTHY PALM BEACHES, INC.

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
324 DATUR SUITE 401 WEST PAL	RA ST. M BEACH, FL	33401			
Current Mailing Address:			New Mailir	New Mailing Address:	
324 DATURA ST. SUITE 401 WEST PALM BEACH, FL 33401					
FEI Number: 65-0550288 FEI Number Applied For ()		FEI Number Not Appli	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
301 YAMAT	ETER S X, & KLEIN, P. O RD., STE. 4 ON, FL 33431	150			
The above in the State		ıbmits this statement for the pur	pose of changing it	s registered office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E GREAR, EFFIE O 611 SW 4TH STF BELLE GLADE, F	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E GOODLETT, C. E 330 CLEMATIS S WEST PALM BEA	ST .	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GOODLETT, C. DAVID 324 DATURA ST #401 WEST PALM BEACH, FL 33401	
Title: Name: Address: City-St-Zip:	CEO () C CHENETTE, DWI 324 DATURA ST WEST PALM BE	401	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition CHENETTE, DWIGHT D 324 DATURA ST #401 WEST PALM BEACH, FL 33401	
Title: Name: Address: City-St-Zip:	D () E MACHEK, RICHA 324 DATURA ST WEST PALM BE	#401	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E PIERCE, STANLE 7412 MANDARIN BOCA RATON, FI	DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SATTER, JONATHAN R 324 DATURA ST#401 BOCA RATON, FL 33433	
Title: Name: Address: City-St-Zip:	D () E MALECKI, JEAN 826 EVERNIA ST WEST PALM BE		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DWIGHT D. CHENETTE CEO 01/29/2009