


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N97000001032</b>		
1. Entity Name <b>HEALTHY ALTERNATIVES &amp; BODY IMAGE TOOLS (HABIT), INC.</b>		
Principal Place of Business <b>611 S. FEDERAL HWY SUITE H STUART, FL 34994</b>	Mailing Address <b>611 S. FEDERAL HWY SUITE H STUART, FL 34994</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>FULLER, KATHLEEN 611 N. FEDERAL HWY STUART, FL 34994</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u><i>Kathleen Fuller</i></u> (NOTE: Registered Agent signature required when reappointing) Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FULLER, KATHLEEN 611 S. FEDERAL HWY. SUITE H STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, DANIELLE M 322 SW OCEAN BLVD. STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, SHANNON N 9721 ARBOR OAKS LANE #304 BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLOAN, EMILY 16187 79TH TERRACE NORTH PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAWORSKI, JANET 611 S. FEDERAL HWY SUITE A STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAUST, SANDRA K 430 COLORADO AVE STUART, FL 34994	
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: <u><i>Kathleen Fuller L.M.H.C.</i></u> <b>1-6-06</b> (772) 220-4556 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>94-3245339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/11/06-80013-005 61.25

**DO NOT WRITE  
IN THIS SPACE**