2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jul 21, 2005 8:00 am **Secretary of State** DOCUMENT # P00000005493 07-21-2005 90032 010 ***150.00 HEAVENLY HEALTH PRODUCTS, INC. Principal Place of Business Mailing Address 8317 US HWY 19 8317 US HWY 19 PORT RICHEY, FL 34668 PORT RICHEY, FL 34668 2. Principal Place of Business 8323 U.S. HIGHWAY 19 3. Mailing Address 8323 U.S. HIGHWAY 19 Suite, Apt. #, etc. Suite, Apt. #, etc. 02232005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3617986 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALLEY, CINDY S Street Address (P.O. Box Number is Not Acceptable) 8323 U.S. HIGHWAY 19 8317 US HWY 19 PORT RICHEY, FL 34668 City Zip Code 8. The above named anily 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 regi SIGNATURE ed Apent signature required when reinstating) E: Regists 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST ☐ Defete TITLE ☐ Change ☐ Addition TITLE HALLEY, CINDY S NAMP NAME 3479 EAGLÉS NEST DR STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34607 CITY- ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE HALLEY, CHARLES F NAME NAME 3479 EAGLES NEST DR STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34607 CITY- ST-ZIP CITY-ST-712 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP CITY-ST-ZIP Delete 1171.6 ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY-ST-ZIP ☐ Addition Detete THILE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-712 12. Thereby certify that the information supplied with this filling 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 it 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 607, 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.

CINDY S. HALLEY

Davtime Phone #

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAYO OFFICER OR DIRECTOR

FILED

TACHMENT 7056841

Cindy S. Halley 3479 Eagles Nest Drive Spring Hill, FL 34607

July 12, 2005

Florida Department of State **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

Re:

Heavenly Health Products, Ind

Document #P0000005493

Gulfview Chiropractic & Wellness Clinic, P.A. Document #P0000005627

Dear Sir or Madam:

I was quite surprised to receive your notices of intent to dissolve the above referenced corporations. When I checked my files to make sure I did indeed take care of the filing of the 2005 Annual Reports, I discovered I had inadvertently filed the original reports (along with my copies) after I had obtained the necessary signatures.

Please excuse this oversight and accept the 2005 Annual Reports for both corporations, along with their respective \$150.00 filing fees. If you will check your records, you will see all previous annual filings have been timely filed. There was never any intent on my part to defraud the Division.

Your cooperation in this matter would be greatly appreciated. Thank you.

ridy Stalley

Enclosures