

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005822

Entity Name: HEALTHY PETS, INC.

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

491/2 SINCLAIR RD.  
SARASOTA, FL 34240

## New Principal Place of Business:

780 COMMERCE DRIVE  
SUITE 6  
VENICE, FL 34292

## Current Mailing Address:

491/2 SINCLAIR RD.  
SARASOTA, FL 34240

## New Mailing Address:

780 COMMERCE DRIVE  
SUITE 6  
VENICE, FL 34292

FEI Number: 65-0969079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUFRESNE, LISA  
2500 BERN CREEK LOOP  
SARASOTA, FL 34240 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DUFRESNE, LISA  
Address: 2500 BERN CREEK LOOP  
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete  
Name: PITMAN, ROSE  
Address: 3645 E. VENICE AVE.  
City-St-Zip: VENICE, FL 34292

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA DUFRESNE

P

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date