2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000005822

1. Entity Name
HEALTHY PETS, INC.

Principal Place of Business	Mailing Address
780 COMMERCE DRIVE SUITE 6 VENICE, FL 34292	780 COMMERCE DRIVE SUITE 6 VENICE, FL 34292

DO NOT WRITE IN THIS SPACE

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04252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0969079	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUFRESNE, LISA
2500 BERN CREEK LOOP
SARASOTA, FL 34240

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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 _____   DATE 4-24-08

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	DUFRESNE, LISA
STREET ADDRESS	2500 BERN CREEK LOOP
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	VP
NAME	PITMAN, ROSE
STREET ADDRESS	3645 E. VENICE AVE.
CITY-ST-ZIP	VENICE, FL 34292

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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.

SIGNATURE: _____   4-24-08   7034474573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #