2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109811

Entity Name: A HEALTHY AMERICA, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

C/O BASS AND SANDFORT ACCOUNTANTS PA 1301 WST GARDEN STREET PENSACOLA, FL 32501

Current Mailing Address:

C/O BASS AND SANDFORT ACCOUNTANTS PA 1301 WST GARDEN STREET PENSACOLA, FL 32501

FEI Number: 59-3683774

FEI Number Applied For ()

New Mailing Address:

PENSACOLA, FL 32502

1301 WST GARDEN STREET

C/O BASS AND SANDFORT ACCOUNTANTS PA 1301 WST GARDEN STREET PENSACOLA, FL 32502

C/O BASS AND SANDFORT ACCOUNTANTS PA

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS & SANDFORT ACCOUNTANTS PA 1301 WST GARDEN STREET PENSACOLA, FL 32501

Name and Address of New Registered Agent:

BASS & SANDFORT ACCOUNTANTS PA 1301 WST GARDEN STREET PENSACOLA, FL 32502

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:

Title:

Name:

Address:

City-St-Zip:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

PSTD

Title:

() Change () Addition

() Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete HINRICHS, TANDY 2044 PIN HIGH DR PENSACOLA, FL 32526

() Delete Title: VD HINRICHS, CHRISTIAN Name: 2044 PIN HIGH DR Address: City-St-Zip: PENSACOLA, FL 32526 Title: Name:

City-St-Zip:

Name:

Address:

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: TANDY HINRICHS **PSTD** 04/22/2009