## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 29, 2004 08:00 AM Secretary of State

DOCUMENT # P01000092828  1. Entity Name BEA HEALTHY, INC.		
Principal Place of Business	Mailing Address	
526 SE 27 TR BOYNTON BEACH, FL 33435	526 SE 27 TR Boynton Beach, FL 33435	



## DO NOT WRITE IN THIS SPACE

04122004 No Chg-P CR2E034 (10/03)

4. FEI Number		Applied For
65-1138485	_	Not Applicable
5. Certificate of Status Desired	X	\$8.75 Additional

				Fee Required	
	<ol><li>Name and Address of Current Regis</li></ol>	tered Agent			
JOHN AHO 500 GULF	BUSINES SERVICES ) STREAM BLVD., #103 BEACH, FL 33483		DO NOT WRITE IN THIS SPACE		
8. The above	named entity submits this statement for the n	urnose of changing its registered of	office or registered agent, or ho	th, in the State of Florida. I am familiar with, and accept	
the obligat	ions of registered agent.	orbose or changing its registered (	Since of registered agent, or bo	ut, in the state of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable ANOTE Dugistored to	ent signature required when reinstating)	DATE	
	organization, typica or printed mainted insignation beginning and place	ADDICADE. (NO.E. Negiste ad Ag	ent signature required when termstating)	DAIE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol><li>Election Campaign Financin Trust Fund Contribution.</li></ol>	g \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE	PSTD			· ·· -	
NAME	PRICE, BEATRICE	<b>.</b>			
STREET ADDRESS	526 SE 27 TR	i i			
CITY-ST-ZIP	BOYNTON BEACH, FL 33435				
TITLE				;89000199116	
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	partify that the information pumplied with this file	ing does not qualify for the	ion stated in Continu 112 07(2)	W. Market Darking & American and College State of the College State of t	
12. I hereby certify that the information supplied with this filing 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 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					