

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118538

FILED
Sep 01, 2008
Secretary of State

Entity Name: HEALTHY HOME RESTORATION, INC.

Current Principal Place of Business:

1116 E. OLIVE RD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

1116 E. OLIVE RD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 30-0055437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUN, JOHN
1116 E. OLIVE RD
PENSACOLA, FL 32514 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BRAUN, JOHN
Address: 822 BELLE ALLIANCE CT
City-St-Zip: PENSACOLA, FL 32514 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: BRAUN, JOHN
Address: 822 BELLE ALLIANCE CT
City-St-Zip: PENSACOLA, FL 32514 US

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: JOHN BRAUN

JOHN

09/01/2008

Electronic Signature of Signing Officer or Director

Date