

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027370

Entity Name: HEALTHY RESULTS, INC.

FILED  
Apr 01, 2009  
Secretary of State

**Current Principal Place of Business:**

4848 GRAPEVINE WAY  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

4848 GRAPEVINE WAY  
DAVIE, FL 33331

**New Mailing Address:**

FEI Number: 01-0629586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAMERON, DANA JR  
4848 GRAPEVINE WAY  
DAVIE, FL 33331 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: PD ( ) Delete  
Name: DAMERON, DANA JR  
Address: 4848 GRAPEVINE WAY  
City-St-Zip: DAVIE, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DANA DAMERON JR

PD

04/01/2009

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

\_\_\_\_\_ Date