

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034830

FILED
Mar 16, 2005
Secretary of State

Entity Name: HEALTHY INTERVENTIONS, INC.

Current Principal Place of Business:

5575 S. SEMORAN BLVD.
SUITE 20
ORLANDO, FL 32822

New Principal Place of Business:

6250 HAZELTINE NATIONAL DRIVE.
SUITE C104
ORLANDO, FL 32822

Current Mailing Address:

5575 S. SEMORAN BLVD.
SUITE 20
ORLANDO, FL 32822

New Mailing Address:

6250 HAZELTINE NATIONAL DRIVE.
SUITE C104
ORLANDO, FL 32822

FEI Number: 52-2369815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAULL, CHARLES E
5575 S. SEMORAN BLVD.
SUITE 20
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

MAULL, CHARLES E
1130 WALTHAM AVE.
ORLANDO, FL 32809 US

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:

03/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRE () Delete
Name: FLINCHBAUGH, DR. DAVID E
Address: 5509 COMMERCE DRIVE, SUITE
City-St-Zip: ORLANDO, FL 32839

Title: V/P () Delete
Name: WEST, DARREL
Address: 4923 OAK ISLAND
City-St-Zip: ORLANDO, FL 32809

Title: TRES () Delete
Name: GOODING, RON
Address: 5575 S. SEMORAN BLVD. SUITE
City-St-Zip: ORLANDO, FL 32822

Title: SEC () Delete
Name: FLINCHBAUGH, HEIDI
Address: 5509 COMMERCE DRIVE, SUITE A
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRE (X) Change () Addition
Name: LANE, ROBERT E
Address: 6250 HAZELTINE NATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: MAULL, JEFFERY A
Address: 1130 WALTHAM AVE.
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFERY A. MAULL

SEC

03/16/2005

Electronic Signature of Signing Officer or Director

Date