2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# P02000111438

Entity Name: THE HEALTHY CHEF, INC.

Current Principal Place of Business:

619 N EOLA DR
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

619 N EOLA DR
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 90-0064278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROCACCI, JOHN A P
1915 STANLEY STREET
ORLANDO, FL, FL 32803 US

Name and Address of New Registered Agent:

PROCACCI, JOHN A P
619 N EOLA DRIVE
ORLANDO, FL, FL 32803 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: JOHN PRACACCI 02/09/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PROCACCI, JOHN A
Address: 1915 STANLEY STREET
City-St-Zip: ORLANDO, FL 32803 US

Title: VP ( ) Delete
Name: PROCACCI, WENDY A
Address: 1915 STANLEY STREET
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PROCACCI, JOHN A
Address: 619 N EOLA DRIVE
City-St-Zip: ORLANDO, FL 32803 US

Title: VP (X) Change ( ) Addition
Name: PROCACCI, WENDY A
Address: 619 N EOLA DRIVE
City-St-Zip: ORLANDO, FL 32803 US

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: JOHN PROCACCI P 02/09/2005
Electronic Signature of Signing Officer or Director Date