2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000118532

1. Entity Name
HEALTHY BAGEL EXPRESS, INC.

Principal Place of Business	Mailing Address
9550-4 BAYMEADOWS RD JACKSONVILLE, FL 32256	9550-4 BAYMEADOWS RD JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

03302006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2303407	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PACIFICO, FRANK
5475 SPRINGS RIDGE CT
JACKSONVILLE, FL 32258

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)

00000055318
05/16/06-80030-004   150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	PACIFICO, FRANK
STREET ADDRESS	5475 SPRING RIDGE CT
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	VT
NAME	PACIFICO, BETTY
STREET ADDRESS	5475 SPRINGS RIDGE CT
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Betty Pacifico_   4/27/06   730-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #