

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014928

Entity Name: HEALTHY KIDS, INC.

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

4800 LINTON BOULEVARD
SUITE D503
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4800 LINTON BOULEVARD
SUITE D503
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, JOSH
4800 LINTON BOULEVARD
SUITE D503
DELRAY BEACH, FL 33445 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: PD () Delete
Name: ROSEN, ANDREW DR.
Address: 4800 LINTON BOULEVARD, SUITE D503
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPSD () Delete
Name: ROSEN, JOSH
Address: 4800 LINTON BOULEVARD, SUITE D503
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ANDREW ROSEN

PD

09/06/2005

Electronic Signature of Signing Officer or Director

Date