

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000055775

Entity Name: HEALTHY CHANGES INC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1876 NO. UNIVERSITY DR.  
101E  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

9611 SUNSET STRIP  
SUNRISE, FL 33322 US

**New Mailing Address:**

FEI Number: 34-1989067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAWSON, ELAYNA  
9611 SUNSET STRIP  
SUNRISE, FL 33322 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAWSON, ELAYNA  
Address: 9611 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33322

I hereby 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 all other like empowered.

SIGNATURE: ELAYNA LAWSON

PRES

04/27/2011

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

\_\_\_\_\_  
Date