

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90040 003 ***150.00

DOCUMENT # P04000070153			
1. Entity Name THE HEALTHY GUT, INC.		Principal Place of Business 1105 BRYN MAWR ST ORLANDO, FL 32804	
Mailing Address 1105 BRYN MAWR ST ORLANDO, FL 32804		2. Principal Place of Business 209 Citrus Drive Suite, Apt. #, etc.	
3. Mailing Address 209 Citrus Drive Suite, Apt. #, etc.		4. FEI Number 20-1076568	
City & State Sanford, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 32771		Country Seminole	
City & State Sanford, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32771		Country Seminole	
6. Name and Address of Current Registered Agent SMITH, KELLY 1105 BRYN MAWR ST ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name: Smith, Kelly Street Address (P.O. Box Number is Not Acceptable): 209 Citrus Drive City: Sanford, FL Zip Code: 32771	
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: DATE: 3-12-5			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: SMITH, KELLY A STREET ADDRESS: 1105 BRYN MAWR ST CITY-ST-ZIP: ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE: P NAME: SMITH, KELLY STREET ADDRESS: 209 CITRUS DRIVE CITY-ST-ZIP: Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: SMITH, WALTER S STREET ADDRESS: 1105 BRYN MAWR ST CITY-ST-ZIP: ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE: VP NAME: SMITH, WALTER S. STREET ADDRESS: 209 CITRUS DRIVE CITY-ST-ZIP: Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.			
SIGNATURE:		Date: 3-12-5 Daytime Phone #: 407-923-6748	