

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000102727

FILED
Mar 31, 2008
Secretary of State

Entity Name: HEALTHY LIFE CONCEPTS INC.

Current Principal Place of Business:

1099 HEMPLE ROAD
GOTHA, FL 34734 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 271
GOTHA, FL 34734 US

New Mailing Address:

PO BOX 242
GOTHA, FL 34734 US

FEI Number: 11-3723531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, RAYMOND
1099 HEMPLE ROAD
GOTHA, FL 34734 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: PAUL RAYMOND

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: MR. () Delete
Name: PAUL, RAYMOND
Address: P.O. BOX 271
City-St-Zip: GOTHA,, FL 34734 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: PAUL, RAYMOND
Address: P.O. BOX 242
City-St-Zip: GOTHA,, FL 34734 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAUL RAYMOND

Electronic Signature of Signing Officer or Director

MR.

03/31/2008

Date