

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000102727

**FILED**  
**Jun 28, 2010**  
**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 242  
GOTHA, FL 34734 US

**New Mailing Address:**

PO BOX 1015  
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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: PAUL, RAYMOND  
Address: P.O. BOX 1015  
City-St-Zip: GOTHA,, FL 34734 US

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: PAUL RAYMOND

MR.

06/28/2010

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

\_\_\_\_\_  
Date