2005 FOR PROFIT CORPORATION

Aug 15, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000118295** 08-15-2005 90079 022 ***150.00 HEALTHY ADVENTURE, INC. Principal Place of Business Mailing Address 14155 US HWY 1 SUITE 200 14155 US HWY 1 SUITE 200 50061529 JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address 13700 L 13700 US HIGHWAY Suite, Apt. #, etc. CR2E034 (10/03) 08092005 Applied For City & State 4. FEI Number 73 Not Applicable \$8.75 Additional 5. Certificate of Status Desired n Beaul PALM BEACH 3340B Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZAYES, ERIC Ł Street Address (P.O. Box Number is Not Acceptable) 755 SEAVIEW DRIVE JUNO BEACH, FL 33408 City Zip Code 8. The above named entity substits 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 ager Signature, typed or printed name of regis (NOTE: Registered Agent signature required when reinstating) FILE NOWI!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE CEO TITLE ☐ Change ■ Addition Delete NAME CONNOLLY, BRIAN M NAME 14155 US HWY 1 SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUNO BEACH, FL 33408 CITY-ST-ZIP р. TITLE ☐ Delete Change Addition ZAYES, ERICL ZAYES, ERIC L NAME NAME 13700 US HIGHWAY ONE \$202-A STREET ADDRESS 14155 US HWY 1 SUITE 200 STREET ADDRESS CITY-ST-ZIP JUNO BEACH, FL 33408 33408 CITY - ST - ZIP JUNO BEACH. Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or dustry 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 analysis with all object like empowered.

teic L. CAVES)

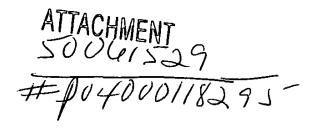
RES IDENT

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

SIGNATURE AND TYPED OF

FILED



August 9th, 2005

To whom it may concern:

I wanted to take a few moments and let you know that I sat down with my accountant, Sylvia Campbell, in Palm Beach Gardens, FL the other day. During our conversation she asked me if I filed my annual report. With a blank stare, I said to who? Sylvia then went on to explain that every year, I must file my annual report with the State of Florida, the cost is \$150. I informed her that I had never received any information about an annual report. She says this happens periodically, and as your accountant, I will make sure you are aware of this every year moving forward, with our without any notice in the mail.

I have attached a check for \$150/ per S-Corp. Please understand this was a simple mistake. As a first time business owner I am learning as I go.

Thank you again

Eric L. Zayes

Best regards

Healthy Adventure, Inc.

Healthful Communications, Inc.