

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90014 046 \*\*\*150.00

**DOCUMENT # P04000118295**

1. Entity Name  
**HEALTHY ADVENTURE, INC.**



Principal Place of Business  
**13700 US HWY 1 SUITE 202-A  
JUNO BEACH, FL 33408**

Mailing Address  
**13700 US HWY 1 SUITE 202-A  
JUNO BEACH, FL 33408**



07062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>73-1715045</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ZAYES, ERIC L  
755 SEAVIEW DRIVE  
JUNO BEACH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZAYES, ERIC L 13700 US HWY ONE, # 202-A JUNO BEACH, FL 33408</b>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

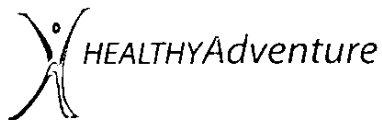
Date

Daytime Phone #

*Eric L. Zayes* **PRESIDENT**

**7-1-06**

**561-626-3293**



ATTACHMENT

40098105

#804000118295

July 6, 2006

To whom this may concern:

I wanted to take a few moments and apologize for sending our payment in after the May 1<sup>st</sup> due date. I believe I have a legitimate reason for the delay in payment and request your support to waive the penalty fee. I suffered an injury several months ago and was hospitalized for an extended period of time. The injury was a huge blow to the company and almost put us out of business. I am excited to say that we are currently stabilizing and the future looks promising.

Thank you kindly for understanding this matter and processing the enclosed check.

Best regards,

Eric L. Zayas

PRESIDENT