


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90028 001 ***150.00

DOCUMENT # P04000136405 1. Entity Name HEALTHY PORTION, INC.	
---	---

Principal Place of Business 9426 BARRINGTON OAKS DR DOVER, FL 33527	Mailing Address 9426 BARRINGTON OAKS DR DOVER, FL 33527
---	---

DO NOT WRITE IN THIS SPACE



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1701934	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent THOMAS, AMANDA K 9426 BARRINGTON OAKS DR DOVER, FL 33527

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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
--

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD THOMAS, AMANDA K 9426 BARRINGTON OAKS DR DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD THOMAS, PAULA O 9426 BARRINGTON OAKS DR DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: <i>Amanda K. Thomas, PRESIDENT</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>2-4-06</i> <small>Date</small>	<i>813-842-7539</i> <small>Daytime Phone #</small>

Amanda K. Thomas