2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000162166

1. Entity Name

HEALTHFUL COMMUNICATIONS, INC.



Principal Place of Business 13700 US HIGHWAY ONE SUITE 202- A

JUNO BEACH, FL 33408

Mailing Address

13700 US HIGHWAY ONE SUITE 202- A JUNO BEACH, FL 33408 Seci

FILED Jul 12, 2006 8:00 am Secretary of State

07-12-2006 90002 029 ***150.00

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DO NOT WRITE IN THIS SPACE

07062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

86-1122648

Not Applicable

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

ZAYES, ERIC L 13700 US HIGHWAY ONE #202-A JUNO BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

JUNU DEA	ACH, FL 33400			IN '	THIS SPACE
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and tit	le if applicable. (NOTE; Registered	1 Agent signatur	required when reinstating)	DATE
		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAYES, ERIC L 13700 US HIGHWAY ONE, # 202-A JUNO BEACH, FL 33408		DO NOT WRITE IN THIS SPACE		
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with this on this report or suppliemental deport is true	filing does not qualify for the exe	emptions co ure shall ha	ntained in Chapter 11 ve the same legal effe	9, Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is 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 appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

NESIDENT

7-1-06

561-626-3293

Daytmo Pho

ATTACHMENT



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 1st 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. Zave