

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001767

FILED
Jul 09, 2008
Secretary of State

Entity Name: HEALTHY CONCEPTS, CORP.

Current Principal Place of Business:

3145 MARSHALL DRIVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

3145 MARSHALL DRIVE
MELBOURNE, FL 32901

New Mailing Address:

700-2 E. MERRITT ISLAND CSWY.
MERRITT ISLAND, FL 32952

FEI Number: 20-2097571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDA, PAYNE
3145 MARSHALL DRIVE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

PAYNE, LINDA PRES.
3145 MARSHALL DRIVE
MELBOURNE, FL 32901 US

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: LINDA PAYNE

07/09/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAYNE, LINDA
Address: 3145 MARSHALL DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: V () Delete
Name: GOLDSTEIN, MICHELLE
Address: 1992 MATTE DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: S () Delete
Name: PAYNE, DENNIS
Address: 3145 MARSHALL DRIVE
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA PAYNE

P

07/09/2008

Electronic Signature of Signing Officer or Director

Date