

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001767

FILED  
Jul 01, 2009  
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:

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

## New Mailing Address:

FEI Number: 20-2097571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

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: MICHELLE GOLDSTEIN

V

07/01/2009

Electronic Signature of Signing Officer or Director

Date