

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000001767

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** HEALTHY CONCEPTS, CORP.

**Current Principal Place of Business:**

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

**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** MICHELLE GOLDSTEIN

V

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date