2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050608

Entity Name: HEALTHY BROADCAST NETWORK, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
18495 U.S. 19 N. CLEARWATER, FL 33762	14375 MYER LAKE CIRCLE CLEARWATER, FL 33760
Current Mailing Address:	**New Mailing Address:**
P.O. BOX 17522 CLEARWATER, FL 33762	

FEI Number: 03-0558473   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MURPHY, DAVID J ESQ 14217 THIRD ST. DADE CITY, FL 33523 US	RAY-CARROW, DEBORAH A MT(ASCP 14375 MYER LAKE CIRCLE CLEARWATER, FL 33760 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: DEBORAH A. RAY-CARROW   04/28/2006

_____ Electronic Signature of Registered Agent _____   _____ Date _____

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Delete	Title: PRES ( ) Change (X) Addition
Name:		Name: RAY-CARROW, DEBORAH A MT(ASCP
Address:		Address: 14375 MYER LAKE CIRCLE
City-St-Zip:		City-St-Zip: CLEARWATER, FL 33760 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH A. RAY-CARROW   PRES   04/28/2006

_____ Electronic Signature of Signing Officer or Director _____   _____ Date _____