

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126471

Entity Name: YOU LIVING HEALTHY, INC.

FILED  
Jan 10, 2009  
Secretary of State

## Current Principal Place of Business:

1249 LAZY LAKE RD W  
DUNEDIN, FL 34698

## New Principal Place of Business:

3363 PATTIE PLACE  
PALM HARBOR, FL 34685

## Current Mailing Address:

1249 LAZY LAKE RD W  
DUNEDIN, FL 34698

## New Mailing Address:

3363 PATTIE PLACE  
PALM HARBOR, FL 34685

FEI Number: 20-3469447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OTIS, DAVID R  
1249 LAZY LAKE RD W  
DUNEDIN, FL 34698 US

## Name and Address of New Registered Agent:

OTIS, DAVID R  
3363 PATTIE PLACE  
PALM HARBOR, FL 34685 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/10/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: OTIS, DAVID R  
Address: 1249 LAZY LAKE RD W  
City-St-Zip: DUNEDIN, FL 34698

Title: VP ( ) Delete  
Name: OTIS, AMY  
Address: 1249 LAZY LAKE RD W  
City-St-Zip: DUNEDIN, FL 34698

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: OTIS, DAVID R  
Address: 3363 PATTIE PLACE  
City-St-Zip: PALM HARBOR, FL 34685

Title: VP (X) Change ( ) Addition  
Name: OTIS, AMY  
Address: 3363 PATTIE PLACE  
City-St-Zip: PALM HARBOR, FL 34685

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: DAVID R. OTIS

Electronic Signature of Signing Officer or Director

PRES

01/10/2009

Date