

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010418

FILED
May 23, 2007
Secretary of State

Entity Name: HEALTHY IMAGE' ENTERPRISE INC.

Current Principal Place of Business:

440 N. DONNELLY ST.
SUITE 100
MOUNT DORA, FL 32757

New Principal Place of Business:

101 MAGELLAN CIRCLE
MINNEOLA, FL 34715

Current Mailing Address:

101 MAGELLAN CIRCLE
MINNEOLA, FL 34715

New Mailing Address:

FEI Number: 20-4147913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENOX, TIFFANY N
101 MAGELLAN CIRCLE
MAGELLAN,, FL 34715 US

Name and Address of New Registered Agent:

SCALES, TIFFANY N
101 MAGELLAN CIRCLE
MINNEOLA, FL 34715 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: TIFFANY N SCALES

05/23/2007

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: LENOX, TIFFANY N
Address: 101 MAGELLAN CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: VP (X) Delete
Name: SCALES, PATRICK S
Address: 101 MAGELLAN CIRCLE
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCALES, TIFFANY N
Address: 101 MAGELLAN CIRCLE
City-St-Zip: MINNEOLA, FL 34715

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: TIFFANY N SCALES

P

05/23/2007

Electronic Signature of Signing Officer or Director

Date