

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000080669

FILED  
Sep 16, 2009  
Secretary of State

Entity Name: A HEALTHY MIND FOR YOU, INC.

**Current Principal Place of Business:**

370 CAMINO GARDENS BLVD  
SUITE 117  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

370 CAMINO GARDENS BLVD  
STE 117  
BOCA RATON, FL 33432 US

**New Mailing Address:**

FEI Number: 16-1763429      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANDER, STEVEN ESQ  
315 SE 7TH STREET SUITE 100  
FT LAUDERDALE, FL 33301 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: PD ( ) Delete  
Name: LOMASKY, JANNE  
Address: 370 CAMINO GARDENS BLVD STE 117  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: LOMASKY, HARYCE  
Address: 370 CAMINO GARDENS BLVD STE 117  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Change (X) Addition  
Name: LOMASKY, JANNE  
Address: 370 CAMINO GARDENS BLVD STE 117  
City-St-Zip: BOCA RATON, FL 33432

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: JANNE LOMASKY

MGR

09/16/2009

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

\_\_\_\_\_ Date