

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105700

FILED
Apr 30, 2009
Secretary of State

Entity Name: HEALTHY PRODUCTIVE PEOPLE, INC.

Current Principal Place of Business:

1111 N. WESTSHORE BOULEVARD, STE 608
TAMPA, FL 336074702

New Principal Place of Business:

Current Mailing Address:

1111 N. WESTSHORE BOULEVARD, STE 608
TAMPA, FL 336074702

New Mailing Address:

FEI Number: 20-5904549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCATO, FRANK M
1111 N. WESTSHORE BOULEVARD, STE 608
TAMPA, FL 336074702 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: BROCATO, FRANK M
Address: 27035 FOAMFLOWER BLVD
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: DVC () Delete
Name: BARNES, R. JOYCE
Address: 2241 LAKE VILMA DRIVE
City-St-Zip: ORLANDO, FL 33544

Title: D () Delete
Name: TRAPP, RICHARD G
Address: 8431 VALERIE LANE
City-St-Zip: RIVEVIEW, FL 33569

Title: D () Delete
Name: KRUEGER, CINDY
Address: 4213 SYLVAN RAMBLE DRIVE
City-St-Zip: TAMPA, FL 33569

Title: D () Delete
Name: SCHOPMEYER, CINDY
Address: 16506 CAYMAN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: SEXTON, SARA
Address: 121 NEWBURY DRIVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SEXTON, SARA
Address: 1101 TERRA MAR DRIVE
City-St-Zip: TAMPA, FL 33613

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: DR. FRANK M. BROCATO

DPC

04/30/2009

Electronic Signature of Signing Officer or Director

Date