

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138106

Entity Name: BTY HEALTHY OPTIONS INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

9726 WEST MC NAB ROAD #207
TAMARAC, FL 33321

New Principal Place of Business:

11643 W. ATLANTIC BLVD.
26
CORAL SPRINGS, FL 33071

Current Mailing Address:

9726 WEST MC NAB ROAD #207
TAMARAC, FL 33321

New Mailing Address:

11643 W ATLANTIC BLVD.
26
CORAL SPRINGS, FL 33071

FEI Number: 20-5950886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURAN, MARIA ISABEL MRS.
9726 WEST MC NAB ROAD #207
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

DURAN, MARIA ISABEL MRS.
11643 W. ATLANTIC BLVD. # 26
CORAL SPRINGS, FL 33071 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: MARIA ISABEL DURAN

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DURAN, MARIA ISABEL
Address: 9726 WEST MC NAB ROAD #207
City-St-Zip: TAMARAC, FL 33321

Title: VPS () Delete
Name: MARIN, GLADYS
Address: 9726 WEST MC NAB ROAD #207
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: DURAN, MARIA ISABEL
Address: 11643 W ATLANTIC BLVD. # 26
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPS (X) Change () Addition
Name: MARIN, GLADYS
Address: 11643 W. ATLANTIC BLVD. # 26
City-St-Zip: CORAL SPRINGS, FL 33071

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: MARIA ISABEL DURAN

DPT

04/24/2007

Electronic Signature of Signing Officer or Director

Date