2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138106

Entity Name: BTY HEALTHY OPTIONS INC.

Current Principal Place of Business:	**New Principal Place of Business:**
11643 W. ATLANTIC BLVD. 26 CORAL SPRINGS, FL 33071	

Current Mailing Address:	**New Mailing Address:**
11643 W ATLANTIC BLVD. 26 CORAL SPRINGS, FL 33071	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:	**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: _____

              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:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VPT   (X) Change ( ) Addition
Name: TORRES, HECTOR L JR.
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 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   PT   09/09/2008
             Electronic Signature of Signing Officer or Director   Date