2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010220

Entity Name: HEALTHY LIFE SOLUTIONS, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13305 SW 1 TERR MIAMI, FL 33184 **Current Mailing Address: New Mailing Address:** 13305 SW 1 TERR MIAMI, FL 33184 FEI Number: 20-8298058 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: INSUA, ARLENE 13305 SW 1 TERR MIAMI, FL 33184 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition INSUA, ARLENE INSUA, ARLENE Name: Name: 15011 ROYAL PALM LANE 13305 SW 1ST TERRACE Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI, FL 33184

 Title:
 VPD () Delete
 Title:
 VPD (X) Change () Addition

 Name:
 FALCON, JORGE
 Name:
 FALCON, JORGE

 Address:
 15011 ROYAL PALM LANE
 Address:
 13305 SW 1ST TERRACE

City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI, FL 33184

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: ARLENE INSUA P 03/25/2009