

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000031236

Entity Name: HEALTHY THOUGHTS, INC.

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2888 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

2888 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33306

**New Mailing Address:**

FEI Number: 20-8620146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORKEY, RUSSELL L  
2888 EAST OAKLAND PARK BLVD.  
SUITE 120-21  
FORT LAUDERDALE, FL 33306 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARIDI, MICHELE  
Address: 1590 NW 10TH AVENUE, SUITE 201  
City-St-Zip: BOCA RATON, FL 33486

Title: P  
Name: CARIDI, MICHELE  
Address: 1590 NW 10TH AVENUE, SUITE 201  
City-St-Zip: BOCA RATON, FL 33486

I hereby 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 all other like empowered.

SIGNATURE: MICHELE CARIDI

P

01/18/2011

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

\_\_\_\_\_  
Date