

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000011274

FILED
Feb 18, 2009
Secretary of State

Entity Name: HEALTHY EDGE SOLUTIONS, INC

Current Principal Place of Business:

1215 SEMINOLA BLVD
153
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1215 SEMINOLA BLVD
153
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 26-1860183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RACHEL M. ALVAREZ, P.A.
1813 N. DEAN ROAD
103
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

RACHEL M. ALVAREZ, P.A.
174 W. COMSTOCK AVE
205
WINTER PARK, FL 32789 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: RACHEL ALVAREZ

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICHOLS, BARRY
Address: 1215 SEMINOLA BLVD, UNIT 153
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BARRY NICHOLS

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date