2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P08000070210

Entity Name: HEALTHY NETWORK, INC.

Current Principal Place of Business:

4937 CYPRESS TRACE DRIVE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4937 CYPRESS TRACE DRIVE
TAMPA, FL 33624

New Mailing Address:

FEI Number: 26-3064316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

GONZALEZ, ALEJANDRO
4937 CYPRESS TRACE DRIVE
TAMPA, FL 33624 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: ALEJANDRO GONZALEZ 01/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GONZALEZ, ALEJANDRO
Address: 4937 CYPRESS TRACE DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GONZALEZ, ALEJANDRO
Address: 4937 CYPRESS TRACE DRIVE
City-St-Zip: TAMPA, FL 33624

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: ALEJANDRO GONZALEZ P 01/21/2009
Electronic Signature of Signing Officer or Director Date