

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000100755

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Entity Name:** GET CREDIT HEALTHY INC.

**Current Principal Place of Business:**

250 NW 23RD ST  
UNIT 205  
MIAMI, FL 33127 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 545965  
SURFSIDE, FL 33154 US

**New Mailing Address:**

**FEI Number:** 27-1469589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POMERANZ AND ASSOCIATES PA  
1920 E HOLLANDALE BEACH BLVD  
802  
HALLANDALE BEACH, FL 33009 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:** KARWOWSKI, ELIZABETH  
**Address:** PO BOX 545965  
**City-St-Zip:** SURFSIDE, FL 33154 US

**Title:** VP  
**Name:** GIACHELLO, STELVIO  
**Address:** 10185 COLLINS AVE APT 1112  
**City-St-Zip:** BAL HARBOUR, FL 33154

**Title:** SEC  
**Name:** KARWOWSKI, ELIZABETH  
**Address:** PO BOX 545965  
**City-St-Zip:** SURFSIDE, FL 33154

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:** ELIZABETH KARWOWSKI

P

03/19/2011

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

\_\_\_\_\_  
Date