

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000016371

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** YOUR HEALTHY SELECTIONS, INC.

**Current Principal Place of Business:**

9299 BATON ROUGE DRIVE  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

14521 PEPPERMILL TRAIL  
CLERMONT, FL 34711 US

**Current Mailing Address:**

9299 BATON ROUGE DRIVE  
ORLANDO, FL 32818 US

**New Mailing Address:**

14521 PEPPERMILL TRAIL  
CLERMONT, FL 34711 US

**FEI Number:** 27-5023008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACKER, DEBORA M  
9299 BATON ROUGE DRIVE  
ORLANDO, FL 32818 US

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

ACKER, DEBORA M  
14521 PEPPERMILL TRAIL  
CLERMONT, FL 34711 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:

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ACKER, DEBORA M  
Address: 14521 PEPPERMILL TRAIL  
City-St-Zip: CLERMONT, FL 34711

Title: TREA  
Name: ACKER, STEPHEN S  
Address: 14521 PEPPERMILL TRAIL  
City-St-Zip: CLERMONT, FL 34711

Title: SEC  
Name: ACKER, DEBORA M  
Address: 14521 PEPPERMILL TRAIL  
City-St-Zip: CLERMONT, FL 34611

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: DEBORA M ACKER

P

01/06/2012

Electronic Signature of Signing Officer or Director

Date