

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000051100

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** CERTIFIED HEALTHY HOME, INC.

**Current Principal Place of Business:**

778 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

778 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALE, WILLIS  
778 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US

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

HALE, WILLIS B.  
778 S MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 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: WILLIS B. HALE

04/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: HALE, WILLIS B.  
Address: 778 S MILITARY TRAIL  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: WILLIS B. HALE

CEO

04/16/2012

Electronic Signature of Signing Officer or Director

Date