2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064321

MIAMI, FL 33177

Entity Name: HEALTHY DIRECTIONS, INC.

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16115 SW 117 AVE 365 GOLFVIEW DRIVE

#808 #25

MIAMI, FL 33177 NORTH PALM BEACH, FL 33408

Current Mailing Address: New Mailing Address:

365 GOLFVIEW DRIVE 16115 SW 117 AVE

#808

NORTH PALM BEACH, FL 33408

FEI Number: 65-0427374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ABERCROMBIE, WRAY GAMLER, HERBERT 16115 SW 117TH AVENUE #25 356 GOLFVIEW DRIVE #808

MIAMI, FL 33177 US NORTH PALM BEACH, FL 33408 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: HERBERT GAMLER 04/03/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PDS () Delete Title: PDS (X) Change () Addition

Title: BRODZIK, FRANK Name: Name: BRODZIK, FRANK

1645 SW 117TH AVENUE, #25 365 GOLFVIEW DRIVE #808 Address: Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: NORTH PALM BEACH, FL 33408

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: FRANK BRODZIK **PDS** 04/03/2009