2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2010
Secretary of State

DOCUMENT# P93000064321

Entity Name: HEALTHY DIRECTIONS, INC.

Current Principal Place of Business:

365 GOLFVIEW DRIVE
#808
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

365 GOLFVIEW ROAD
#808
NORTH PALM BEACH, FL 33408

Current Mailing Address:

365 GOLFVIEW DRIVE
#808
NORTH PALM BEACH, FL 33408

New Mailing Address:

365 GOLFVIEW ROAD
#808
NORTH PALM BEACH, FL 33408

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

Name and Address of Current Registered Agent:

GAMLER, HERBERT
356 GOLFVIEW DRIVE
#808
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

GAMLER, HERBERT
356 GOLFVIEW ROAD
#808
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 01/25/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDS
Name: BRODZIK, FRANK
Address: 365 GOLFVIEW ROAD #808
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D
Name: GAMLER, JOAN
Address: 365 GOLVIEW ROAD #808
City-St-Zip: NORTH PALM BEACH, FL 33408

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: FRANK BRODZIK DPS 01/25/2010
Electronic Signature of Signing Officer or Director Date