

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017074

Entity Name: HEALTHYHOME.COM, INC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

2894 22ND AVENUE NORTH
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

2894 22ND AVENUE NORTH
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-3304149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGRAM, KAREN R.
728 68TH AVE SOUTH
SAINT PETERSBURG, FL 33705 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: INGRAM, KAREN
Address: 728 68TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: C () Delete
Name: SANDERSON, ROBERT
Address: 288 BEACH DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S () Delete
Name: CHASM, THOMAS
Address: 2512 LYNN LAKE CIRCLE S, APT A
City-St-Zip: SAINT PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: INGRAM, KAREN
Address: 2450 CENTRAL AVE #201
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CHASM, THOMAS
Address: 2450 CENTRAL AVE #203
City-St-Zip: SAINT PETERSBURG, FL 33712

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS CHASM

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04/26/2006

Electronic Signature of Signing Officer or Director

Date