2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044307

City-St-Zip: WEST PALM BEACH, FL 33414

Entity Name: POSITIVELY HEALTHY, INC.

FILED Apr 09, 2005 Secretary of State

		,			
Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
	TINA PLACE LM BEACH, FL	33414			
Current M	lailing Addres	s:	New Mailing Address:	New Mailing Address:	
606 POST STE 606 WESTPOF	RD EAST RT, CT 06880		606 POST RD EAST STE 633 WESTPORT, CT 06880	0	
FEI Number:	: 65-0599937	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:					
C/O KOLB 15621 LAT	CAROLYN E TNA PLACE LM BEACH, FL	33414 US			
	named entity s e of Florida.	submits this statement for the	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered A	gent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	POTTER, CARC	D EAST SUITE 633	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	D () KOLBE, GRACE		Title: (Name: Adress:) Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROLYN POTTER PRES 04/09/2005