

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044307

Entity Name: POSITIVELY HEALTHY, INC.

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

15621 LATINA PLACE
WEST PALM BEACH, FL 33414

New Principal Place of Business:

Current Mailing Address:

606 POST RD EAST
STE 633
WESTPORT, CT 06880

New Mailing Address:

FEI Number: 65-0599937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTER, CAROLYN
C/O KOLBE
15621 LATINA PLACE
WEST PALM BEACH, FL 33414 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: D () Delete
Name: POTTER, CAROLYN
Address: 606 POST ROAD EAST SUITE 633
City-St-Zip: WESTPORT, CT 06880

Title: D () Delete
Name: KOLBE, GRACE C
Address: 15621 LATINA PLACE
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CAROLYN POTTER

D

01/31/2007

Electronic Signature of Signing Officer or Director

Date