2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P97000086906

Entity Name: HEAVENLY HEALTH ENTERPRISES, INC.

Current Principal Place of Business:

345 MADISON DR
SARASOTA, FL 34236

New Principal Place of Business:

4105 RIGELS COVE WAY
JENSEN BEACH, FL 34957

Current Mailing Address:

19 N BLVD OF PRESIDENTS
PMB 307
SARASOTA, FL 34236

New Mailing Address:

P O BOX 37
JENSEN BEACH, FL 34957

FEI Number: 65-0793387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DWIGHT, HAVENER D
345 MADISON DR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

DWIGHT, HAVENER D
4105 RIGELS COVE WAY
JENSEN BEACH, FL 34957 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: _____ 04/21/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: HAVENER, DWIGHT D
Address: 345 MADISON DR
City-St-Zip: SARASOTA, FL 34236

Title: P ( ) Delete
Name: HAVENER, SUSAN M
Address: 345 MADISON DR
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: HAVENER, DWIGHT D
Address: 4105 RIGELS COVE WAY
City-St-Zip: JENSEN BEACH, FL 34957

Title: P (X) Change ( ) Addition
Name: HAVENER, SUSAN M
Address: 4105 RIGELS COVE WAY
City-St-Zip: JENSEN BEACH, FL 34957

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: DWIGHT HAVENER D 04/21/2009
Electronic Signature of Signing Officer or Director — Date