

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001467

**Entity Name:** HEALTHY ACHIEVERS, INC.**Current Principal Place of Business:**110 CORPORATE DRIVE, SUITE 2,  
PORTSMOUTH, NH 03801**Current Mailing Address:**6300 BRIDGEPOINT PKWY., BLDG.3, STE.500  
AUSTIN, TX 78730**FEI Number:** 02-0478132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	BOON, ROBERT S
Address	6300 BRIDGEPOINT PKWY., BLDG.3, STE.500
City-State-Zip:	AUSTIN TX 78730

Title	VPT
Name	SULLIVAN, KATHY
Address	6300 BRIDGEPOINT PKWY., BLDG.3, STE.500
City-State-Zip:	AUSTIN TX 78730

Title	P
Name	SAKOS, MARY CATHERINE
Address	6300 BRIDGEPOINT PKWY., BLDG.3, STE.500
City-State-Zip:	AUSTIN TX 78730

Title	S
Name	GOODALE, KRISTIN K
Address	6300 BRIDGEPOINT PKWY., BLDG.3, STE.500
City-State-Zip:	AUSTIN TX 78730

*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:** MARY CATHERINE SAKOS**PRESIDENT****04/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date