

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 07, 2008
Secretary of State**

DOCUMENT# N06000007427

Entity Name: UNITED AROMATHERAPY EFFORT INC

Current Principal Place of Business:

16018 SADDLESTRING DRIVE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

16018 SADDLESTRING DRIVE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-5202617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANGER, SYLLA S
16018 SADDLESTRING DR
TAMPA, FL 33618 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANGER, SYLLA
Address: 16018 SADDLESTRING DR
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: ZELINSKY, GERALDINE
Address: 2024 FAIRFIELD AVENUE
City-St-Zip: SHREVEPORT, LA 71104

Title: B () Delete
Name: RASMUSSEN, DOUG E
Address: 157 WHITE PINE DRIVE
City-St-Zip: ASHEVILLE, NC 28805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLLA S. HANGER

P

02/07/2008

Electronic Signature of Signing Officer or Director

Date