

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007427

FILED  
Jan 10, 2010  
Secretary of State

**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  
Name: HANGER, SYLLA  
Address: 16018 SADDLESTRING DR  
City-St-Zip: TAMPA, FL 33618

Title: VP  
Name: ZELINSKY, GERALDINE  
Address: 6051 ROMA DR #202  
City-St-Zip: SHREVEPORT, LA 71105

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

Title: S  
Name: HOLMES, SARA  
Address: 214 E NEWKIRK ST  
City-St-Zip: TUSCOLA, IL 61953

Title: D  
Name: CASELLA, DAN  
Address: 204 CRAFT RD  
City-St-Zip: BRANDON, FL 33511

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

SIGNATURE: SYLLA S. HANGER

P

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date