2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# P08000021247

Entity Name: DINEALKALINE INC.

Current Principal Place of Business:

434 BOUCHELLE DR.,UNIT 304
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

434 BOUCHELLE DR.,UNIT 104
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

434 BOUCHELLE DR.,UNIT 304
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

434 BOUCHELLE DR.,UNIT 104
NEW SMYRNA BEACH, FL 32169

FEI Number: 26-2103018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, JASON S
434 BOUCHELLE DR.,UNIT 304
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

MOORE, JASON S
434 BOUCHELLE DR.,UNIT 104
NEW SMYRNA BEACH, FL 32169 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: JASON S MOORE 07/02/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: MOORE, JASON S
Address: 434 BOUCHELLE DR.,UNIT 304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DS ( ) Delete
Name: MOORE, YONANDA B
Address: 434 BOUCHELLE DR.,UNIT 304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: MOORE, JASON S
Address: 434 BOUCHELLE DR.,UNIT 104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DS (X) Change ( ) Addition
Name: MOORE, YONANDA B
Address: 434 BOUCHELLE DR.,UNIT 104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: JASON S MOORE PTD 07/02/2009
Electronic Signature of Signing Officer or Director Date