2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2012
Secretary of State

DOCUMENT# P97000071565

Entity Name: FOUR LEAF CLOVER DIABETIC SUPPLIES, INC.

Current Principal Place of Business:

3280 HWY 69
SUITE 7
HAYESVILLE, NC 28904 US

New Principal Place of Business:

3280 HWY 69
SUITE 9
HAYESVILLE, NC 28904 US

Current Mailing Address:

3280 HWY 69
SUITE 7
HAYESVILLE, NC 28904 US

New Mailing Address:

3280 HWY 69
SUITE 9
HAYESVILLE, NC 28904 US

FEI Number: 59-3463960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDERSON, ALAN H
411 WALNUT STREET
4495
GREEN COVE SPRINGS, FL 32043 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: PT/D
Name: SWEENEY, WILLIAM F
Address: 3280 HWY 69 SUITE 9
City-St-Zip: HAYESVILLE, NC 28904 US

Title: VS/D
Name: ANDERSON, ALAN H
Address: 3280 HWY 69 SUITE 9
City-St-Zip: HAYESVILLE, NC 28904 US

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: ALAN ANDERSON VS/D 02/29/2012

Electronic Signature of Signing Officer or Director Date