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2007 FOR PROFIT CORPORATION ANNUAL REPORT

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07 APR 13 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 538536

1. Entity Name
CHAMBERLIN NATURAL FOODS, INC.

Principal Place of Business	Mailing Address
7807 E. 51ST STREET TULSA, OK 74145	7807 E. 51ST STREET TULSA, OK 74145

01192007 No Chg-P CR2E034 (11/05) 07

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1747912
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	PRESIDENT
NAME	HINKEFENT, ERIC J	
STREET ADDRESS	7807 E 51ST ST	
CITY-ST-ZIP	TULSA, OK 74145	
TITLE	S	SECRETARY
NAME	JAMES, MICHAEL D	
STREET ADDRESS	10228 "L" ST	
CITY-ST-ZIP	OMAHA, NE 68127	
TITLE	D	DIRECTOR
NAME	WRIGHT, WILLIAM	
STREET ADDRESS	1431 STRATFORD CT	
CITY-ST-ZIP	DEL MAR, CA 92014	
TITLE	F	FINANCIAL OFFICER
NAME	GINN, CLIFFORD	
STREET ADDRESS	7807 E. 51st ST	
CITY-ST-ZIP	TULSA, OK 74145	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CLIFFORD W. GINN 3/8/07 918-664-2136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #