2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 11, 2008 8:00 am Secretary of State

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| DOCUMENT # 748799 1. Entity Name AMERICAN NUDIST RESEARCH LIBRARY, INC. | | | | | 07-11-2008 90016 012 ****61.25 | | | |
| 2950 SUN COVE DR 2950 | | Mailing Address 2950 SUN COVE DR KISSIMMEE, FL 34746 | US | | | 0288 | | |
| 2. Principal Place of Business - No P.O. Box # 3. M | | 3. Mailing Address | Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07042008 Ct | ig-NP | CR2E037 (12/0 | 06) | |
| City & State | | City & State | | 4. FEI Number 59-193993 | 3 | | Applied For Not Applicable | |
| Zip | Country | Zıp | Country | 5. Certificate of St. | atus Desired | □ \$8.75 | Additional | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Add | ress of New I | Registered Agent | · | |
| HADIEV TED : | | | Name | Name | | | | |
| 4381 PLEASANT HILLERD. 4425 Pleasant Toll | | | Street Addres | Q Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | · . | | | | | | |
| | s' | · | City | | | FL Zip | Code | |
| 8. The above the obligat | named entity submits this statement for tions of registered agent. | the purpose of changing its re | egistered office or regis | stered agent, or both, in | the State of F | lorida. I am familiar | with, and accept | |
| SIGNATURE | | | | | | | | |
| SIGNATORE | Signature, typed or printed name of registered agent a | ind title if applicable (NOTE F | Registered Agent signature requ | ignistating) | | DATE | | |
| | | 9. Election Camp Trust Fund Co | paign Financing | \$5.00 May Be Added to Fees | | DATE Make check payaterida Department | | |
| | Signature, typed or printed name of registered agent a | 9. Election Camp Trust Fund Co | paign Financing | \$5.00 May Be | Flo | Make check payat rida Department | of State | |
| 10. TITLE NAME STREET ADDRESS | Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIF PD FISHER, HELEN 4104 CANNON CT. | 9. Election Camp Trust Fund Co | naign Financing ntribution 11. Title NAME STREET ADDRESS | \$5.00 May Be Added to Fees | Flo | Make check payat rida Department | of State | |
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12. Thereby 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 617, 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: NELEN FISHER 7-5-08 407-932-3118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daile Dayline Proce &