## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000002061

Title:

Name:

Address:

City-St-Zip:

CEO

( ) Delete NADGLOWSKI, JOSEPH

12212 COUNT PLACE

THONOTOSASSA, FL 33592

FILED Feb 26, 2008 Secretary of State

Entity Name: OBESITY ACTION COALITION, INC.	
Current Principal Place of Business:	New Principal Place of Business:
4511 NORTH HIMES AVENUE SUITE 250 TAMPA, FL 33614	
Current Mailing Address:	New Mailing Address:
4511 NORTH HIMES AVENUE SUITE 250 TAMPA, FL 33614	
FEI Number: 20-1953508 FEI Number Applied For ( ) FEI Number	umber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
NADGLOWSKI, JOE	
12212 COUNT PLACE THONOTSASSA, FL 33592 US  The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
THONOTSASSA, FL 33592 US  The above named entity submits this statement for the purpose in the State of Florida.  SIGNATURE:	
THONOTSASSA, FL 33592 US  The above named entity submits this statement for the purpose in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent	Date
THONOTSASSA, FL 33592 US  The above named entity submits this statement for the purpose in the State of Florida.  SIGNATURE:	
THONOTSASSA, FL 33592 US  The above named entity submits this statement for the purpose in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  Title: D () Delete Name: BLACKSTONE, ROBIN Address: 10210 NORTH 92ND ST., SUITE 220	Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition  Name: Address:

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH NADGLOWSKI JR. CEO 02/26/2008

() Change () Addition