2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# F05000005467

Entity Name: NAKED JUICE CO. HOLDINGS, INC.

Current Principal Place of Business:

555 WEST MONROE STREET
CHICAGO, IL 60661

New Principal Place of Business:

Current Mailing Address:

700 ANDERSON HILL ROAD
TAX 1/3 138
PURCHASE, NY 10577

New Mailing Address:

FEI Number: 23-1694834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	ADAM, CARR	
Address:	555 WEST MONROE STREET	
City-St-Zip:	CHICAGO, IL 60661	
Title:	S	( ) Delete
Name:	WELL, BRETT	
Address:	555 WEST MONROE STREET	
City-St-Zip:	CHICAGO, IL 60661	
Title:	TVP	( ) Delete
Name:	THOMAS, DARRELL J	
Address:	555 WEST MONROE STREET	
City-St-Zip:	CHICAGO, IL 60661	
Title:	VP	( ) Delete
Name:	SALCITO, THOMAS D	
Address:	700 ANDERSON HILL ROAD	
City-St-Zip:	PURCHASER, NY 10577	
Title:	VP	( ) Delete
Name:	MUELLER, CHARLES	
Address:	700 ANDERSON HILL ROAD	
City-St-Zip:	PURCHASE, NY 10577	
Title:	DIR	( ) Delete
Name:	TAMONEY, THOMAS H JR.	
Address:	700 ANDERSON HILL ROAD	
City-St-Zip:	PURCHASE, NY 10577	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: THOMAS SALCITO VP 04/29/2008

Electronic Signature of Signing Officer or Director — Date