2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005951

Apr 28, 2009 Secretary of State

Entity Name: THE AMARANTH DIABETES FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1516 E COLONIAL DRIVE STE 100-E ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

1516 E COLONIAL DRIVE STE 100-E ORLANDO, FL 32803

FEI Number: 59-3679916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHWEBEL, MARTIN D 1516 E COLÓNIAL DRIVE STE 100-E ORLANDO, FL 32803

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

TYNER, SHIRLEY DEAN, DIANNE Name: Name: 1827 LULLWATER RD Address: 4229 LANVER LANE Address: City-St-Zip: ALBANY, GA 31707 City-St-Zip: HENRICO, VA 232945628

Title: () Delete Title: () Change () Addition SCOTT, EDWARD Name: Name:

Address: 4 WOODBINE DR Address: City-St-Zip: GREENVILLE, PA 16125 City-St-Zip:

Title: () Delete Title: (X) Change () Addition DEAN, DIANNE MCCORKLE, ERNEST A Name: Name:

1008 SHAWNEE ST Address: 4229 LANVER LN Address: City-St-Zip: RICHMOND, VA 232945628 City-St-Zip: SAVANNAH, GA 314191616

Title: () Delete Title: (X) Change () Addition

Name: NORBERG, GAYLE Name: BOGGS, MONYA Address: 23521 25TH DR, SE Address: 651 PATHWOOD LN

City-St-Zip: BOTHELL, WA 980219634 City-St-Zip: STOCKBRIDGE, GA 302817788

Title: () Delete Title: (X) Change () Addition

HERBOLSHEIMER, GEORGE L WILLIAMS, ROGER F SR Name: Name: 336 OLD LITTLETON RD 33 NEWFOUND RD Address: Address: City-St-Zip: HARVARD, MA 014511418 City-St-Zip: ASHEVILLE, NC 288067429

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.

SIGNATURE: ERNEST A. MCCORKLE D 04/28/2009