

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010033

FILED
Apr 16, 2008
Secretary of State

Entity Name: THE DESIRE OF ALL NATIONS, INC.

Current Principal Place of Business:

1812 BEACONSFIELD DRIVE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

1900 LAND O LAKES BLVD
SUITE 101
LUTZ, FL 33549

Current Mailing Address:

1812 BEACONSFIELD DRIVE
WESLEY CHAPEL, FL 33543

New Mailing Address:

1900 LAND O LAKES BLVD
SUITE 101
LUTZ, FL 33549

FEI Number: 76-0771885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMBHARD, ARTHUR
1812 BEACONSFIELD DRIVE
WESLEY CHAPEL, FL 33543 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEMBHARD, ARTHUR
Address: 1812 BEACONSFIELD DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DT () Delete
Name: NEMBHARD, JASMIN
Address: 1812 BEACONSFIELD DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DS () Delete
Name: NEMBHARD, KIRK D
Address: 31842 TURKEYHILL DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: NEMBHARD, WENDY D
Address: 27722 SUGAR LOAF DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

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: ARTHUR NEMBHARD

DR.

04/16/2008

Electronic Signature of Signing Officer or Director

Date