

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90326 012 ****70.00

DOCUMENT # N05000005457

1. Entity Name
THE ALL NATURAL ATHLETE FOUNDATION, INC.



Principal Place of Business
**8149 BRUMBY CT
TRINITY, FL 34655**

Mailing Address
**8149 BRUMBY CT
TRINITY, FL 34655**

50010344



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-2926635

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEGAL ZOOM NEVADA INC
44 W FLAGLER STREET SUITE 675
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MUSTO, GRACE**
STREET ADDRESS **1529 JUTLAND DR**
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE **D** ☐ Delete
NAME **ROMERY, MARK**
STREET ADDRESS **4064 AMBER LANE**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **D** ☐ Delete
NAME **GAETANO, PHYLLIS**
STREET ADDRESS **6128 PALM BREEZES DR**
CITY-ST-ZIP **LANTANA, FL 33462**

TITLE **P** ☐ Delete
NAME **KRISTON, JAMES**
STREET ADDRESS **8149 BRUMBY CT**
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE **T** ☐ Delete
NAME **SIMMONS, JD**
STREET ADDRESS **1013 DALESIDE LANE**
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE **S** ☐ Delete
NAME **SWASS, KIM**
STREET ADDRESS **2048 CROSS BREEZE DR**
CITY-ST-ZIP **WELLINGTON, FL 33414**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/S** ☒ Change ☐ Addition
NAME **MUSTO, GRACE**
STREET ADDRESS **1529 JUTLAND DR.**
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE **D** ☒ Change ☐ Addition
NAME **ROMARY, MARK**
STREET ADDRESS **4064 AMBER LANE**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/P** ☒ Change ☐ Addition
NAME **KRISTON, JAMES**
STREET ADDRESS **8149 BRUMBY COURT**
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE **D/T** ☒ Change ☐ Addition
NAME **SIMMONS, J.D.**
STREET ADDRESS **1013 DALESIDE LANE**
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE **D/S** ☒ Change ☐ Addition
NAME **SWASS, KIM**
STREET ADDRESS **2048 CROSS BREEZE DR.**
CITY-ST-ZIP **WELLINGTON, FL 33414**

12. I hereby 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:

JAMES KRISTON, Pres. 4/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #