2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2007 8:00 am **Secretary of State** DOCUMENT # N05000005457 04-09-2007 90085 009 ****61.25 1. Entity Name THE ALL NATURAL ATHLETE FOUNDATION, INC. Principal Place of Business Mailing Address 8149 BRUMBY CT 8149 BRUMBY CT TRINITY, FL 34655 TRINITY, FL 34655 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 20-2926635 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD Street Address (P.O. Box Number is Not Acceptable) SUITE 400 MIAMI BEACH, FL 33139 City Zip Code FI 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 (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DS TITLE ☐ Delete TITLE ☐ Change Addition DR. MICHAEL O'NEAL MUSTO, GRACE NAME NAME 2702 TAMPA ROAD 1529 JUTLAND DR STREET ADDRESS STREET ADDRESS TRINITY, FL 34655 PALM HARBOR, FL 34684 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change MARY ROMARY 4064 AMBOR LAWE ROMARY, MARK NAME NAME 4064 AMBER I ANE STREET ADDRESS STREET ADDRESS PALM HARBOR, FL 34685 PALMHARBOR FO 34685 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change SHERRA KRISTON **GAETANO, PHYLLIS** NAME NAME 6128 PALM BREEZES DR 8149 BRUMBY CT STREET ADDRESS STREET ADDRESS LANTANA, FL 33462 CITY-ST-ZIP CITY-ST-ZIP TRINITY FL 34655 FITLE DP Delete Addition TITLE ☐ Change MARIANNE DONNELLY KRISTON, JAMES NAME NAME 8149 BRUMBY CT STREET ADDRESS STREET ADDRESS 3124 FORELOCK RD TARPON SPRINGS CITY-ST-ZIP TRINITY, FL 34655 CITY-ST-ZIP ☐ Delete DAMKPAPPY ☐ Change TITLE TITLE Addition DIANA HANHOLD SIMMONS, JD NAME NAME STREET ADDRESS 1013 DALESIDE LANE STREET ADDRESS 3674 JUSTIN DR. CITY-ST-ZIP TRINITY, FL 34655 CITY-ST-ZIP PAIM HARBOR FL Delete TITLE Change ☐ Addition SWASS, KIM NAME NAME STREET ADDRESS 2048 CROSS BREEZE DR STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP

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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 directors 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.