2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# N05000005457

Entity Name: THE ALL NATURAL ATHLETE FOUNDATION, INC.

Current Principal Place of Business:

8149 BRUMBY CT
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

8149 BRUMBY CT
TRINITY, FL 34655

New Mailing Address:

FEI Number: 20-2926635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: DS ( ) Delete
Name: MUSTO, GRACE
Address: 1529 JUTLAND DR
City-St-Zip: TRINITY, FL 34655

Title: D ( ) Delete
Name: ROMARY, MARK
Address: 4064 AMBER LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: GAETANO, PHYLLIS
Address: 6128 PALM BREEZES DR
City-St-Zip: LANTANA, FL 33462

Title: DP ( ) Delete
Name: KRISTON, JAMES
Address: 8149 BRUMBY CT
City-St-Zip: TRINITY, FL 34655

Title: DT ( ) Delete
Name: SIMMONS, JD
Address: 1013 DALESIDE LANE
City-St-Zip: TRINITY, FL 34655

Title: D ( ) Delete
Name: SWASS, KIM
Address: 2048 CROSS BREEZE DR
City-St-Zip: WELLINGTON, FL 33414

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES KRISTON PRES 05/12/2008

Electronic Signature of Signing Officer or Director — Date