2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# N06000003001

Entity Name: ASSOCIATION OF NATURE-BASED BUSINESSES, INC.

Current Principal Place of Business:

177 LONESOME RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 40
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 03-0587060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRY, JOSEPH C
177 LONESOME RD
CRAWFORDVILLE, FL 32327 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: D ( ) Delete
Name: BARRY, JOESPH C
Address: 177 LONESOME RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Delete
Name: EVANS, JERRY
Address: 7833 SMITH CREEK HWY
City-St-Zip: SOPCHOPPY, FL 32358

Title: D ( ) Delete
Name: SMITH, SUE A
Address: 59 SADDLETREE TR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Delete
Name: SEIDLER, ROBERT
Address: 367 BUCKHORN CREEK RD
City-St-Zip: SOPCHOPPY, FL 32358\

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: SMITH, SUE A
Address: 59 SADDLETREE TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUE ANN SMITH D 01/16/2007

Electronic Signature of Signing Officer or Director — Date