2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N06000007318

Entity Name: THE COALITION TO DEFEAT CHILDHOOD OBESITY, INC.

Current Principal Place of Business:

600 NORTHERN WAY
#1803
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

600 NORTHERN WAY
#1803
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 20-5177649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AGOSTINI, AUGUSTO
600 NORTHERN WAY
#1803
WINTER SPRINGS, FL 32708 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: PRES ( ) Delete
Name: AGOSTINI, AUGUSTO
Address: 600 NORTHERN WAY #1803
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: S ( ) Delete
Name: TORRES, HERFEL
Address: 1149 EXCELLER COURT
City-St-Zip: CASSELBERRY, FL 32707 US

Title: T ( ) Delete
Name: FLOREZ, CLARA
Address: 600 NORTHERN WAY #1803
City-St-Zip: WINTER SPRINGS, FL 32708 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change ( ) Addition
Name: FLOREZ, CLARA
Address: 600 NORTHERN WAY # 1803
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TRES (X) Change ( ) Addition
Name: RODRIGUEZ, FERNANDO
Address: 620 WEST - 77 STREET
City-St-Zip: HIALEAH, FL 33014 US

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: AUGUSTO AGOSTINI PRES 03/13/2009

Electronic Signature of Signing Officer or Director — Date