2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N08000006399

Entity Name: NETWORK FOR BETTER NUTRITION, INC.

Current Principal Place of Business:

200 AVENUE K SE SUITE 5
WINTER HAVEN, FL 33880

New Principal Place of Business:

212 DAIRY ROAD
AUBURNDALE, FL 33823

Current Mailing Address:

200 AVENUE K SE SUITE 5
WINTER HAVEN, FL 33880

New Mailing Address:

212 DAIRY ROAD
AUBURNDALE, FL 33823

FEI Number: 26-2913612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATTERSON, RONNIE A
713 ROSE STREET #10
AUBURNDALE, FL 33823 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: PATTERSON, RONNIE A
Address: 713 ROSE STREET #10
City-St-Zip: ABURNDALE, FL 33823

Title: D ( ) Delete
Name: SAPP, RICHARD
Address: 923 MELBA STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: RHAN, WILLIAM
Address: 3370 NE 53RD TER.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D ( ) Delete
Name: SIMPKINS, ROBERT Y SR
Address: 3488 BARKERS MILL RD.
City-St-Zip: CLARKSVILLE, TN 37042

Title: D ( ) Delete
Name: BUTCHER, DONALD
Address: 852 MCKINNEY ROAD
City-St-Zip: OTHELLO, WA 99344

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:

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: RONNIE A PATTERSON D/P 02/17/2009
Electronic Signature of Signing Officer or Director — Date