

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004434

FILED
Feb 20, 2007
Secretary of State

Entity Name: HEBNI NUTRITION CONSULTANTS, INC.

Current Principal Place of Business:

333 NORTH ROSALIND AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

2009 W. CENTRAL BLVD.
ORLANDO, FL 32805

Current Mailing Address:

4630 S. KIRKMAN RD
201
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3258397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONSANTO, ROBERTA
4630 S. KIRKMAN ROAD
SUITE #201
ORLANDO, FL 32811 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: CARSON, ELLAREETHA T
Address: 4057 E. MARYLAND PL.
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: GAINES, FABIOLA D
Address: 1525 REDWOOD GROVE TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: WEAVER, RONIECE
Address: 3027 PORTO LAGO DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CARSON, ELLAREETHA T
Address: 4057 E. MARYLAND PL.
City-St-Zip: CASSELBERRY, FL 32707

Title: P (X) Change () Addition
Name: GAINES, FABIOLA D
Address: 1525 REDWOOD GROVE TERRACE
City-St-Zip: LAKE MARY, FL 32746

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: RONIECE WEAVER

ED

02/20/2007

Electronic Signature of Signing Officer or Director

_____ Date