

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004434

FILED  
Jun 12, 2008  
Secretary of State

Entity Name: HEBNI NUTRITION CONSULTANTS, INC.

**Current Principal Place of Business:**

2009 W. CENTRAL BLVD.  
ORLANDO, FL 32805

**New Principal Place of Business:**

**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)  
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:**

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

Title: P ( ) 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: ( ) 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: RONIECE WEAVER

D

06/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date