

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003853

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** DIETARY SUPPLEMENT EDUCATION ALLIANCE, INC.

**Current Principal Place of Business:**

4034 ROBERTS POINT  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

4034 ROBERTS POINT  
SARASOTA, FL 34242

**New Mailing Address:**

FEI Number: 90-0196669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOALE, JAMES E  
2750 RINGLING BLVD.  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

KNOWLES, DEBORAH  
4034 ROBERTS POINT  
SARASOTA, FL 34242 US

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: DEBORAH KNOWLES

01/04/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BENNINGER, JON  
Address: 3300 NORTH CENTRAL AVE #2500  
City-St-Zip: PHOENIX, AZ 85012

Title: STD ( ) Delete  
Name: MCGUFFIN, MICHAEL  
Address: 8484 GEORGIA AVE, SUITE 370  
City-St-Zip: SILVER SPRING, MD 20910

Title: VD ( ) Delete  
Name: MORRISON, DAVID  
Address: 2101 91ST ST.  
City-St-Zip: NORTH BERGEN, NJ 07047

**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 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: JON BENNINGER

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date