

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003853

FILED
Feb 05, 2008
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:

KNOWLES, DEBORAH
4034 ROBERTS POINT
SARASOTA, FL 34242 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: 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: PD (X) Change () Addition
Name: BALBERT, ELLIOTT
Address: 6072 JOHN MUIR RD.
City-St-Zip: HIDDEN HILLS, CA 91302

Title: VD (X) Change () Addition
Name: FLAHERTY, JIM
Address: 90 ORVILLE DR.
City-St-Zip: BOHEMIA, NY 11716

Title: STD (X) Change () Addition
Name: LARSON, BRAD
Address: 535 NORTH EMERALD RD.
City-St-Zip: GREENWOOD, SC 29646

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: ELLIOTT BALBERT

PD

02/05/2008

Electronic Signature of Signing Officer or Director

Date