2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004221

FILED Apr 15, 2007 Secretary of State

Entity Name: THE PALM BEACH DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
POST OFFICE BOX 21683 WEST PALM BEACH, FL 334161683 Current Mailing Address:				2900 CARVELLE DRIVE RIVERA BEACH, FL 33404 New Mailing Address:		
			New Maili			
	FICE BOX 21683 LM BEACH, FL					
El Number	: 65-0794615	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
lame and	I Address of Cι	ırrent Registered Agent:	Name and	Address o	of New Registered Agent:	
	RTIN H ORCE COURT RTH, FL 33463	US				
	named entity sue of Florida.	ubmits this statement for the p	urpose of changing i	its registere	d office or registered agent, or both,	
SIGNATU	RE:					
	Electronic	Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
itle: ame: ddress: ity-St-Zip:	V/D ()[HAGOOD, CATHI 1394 SW EGRET PALM CITY, FL	Γ WAY	Title: Name: Address: City-St-Zip:		() Change () Addition	
itle: lame: ddress:	D () [PARENTI, MICHE 6315 LAKE AVEN WEST PALM BE	NUE	Title: Name: Address: City-St-Zip:		(X) Change () Addition I, BRANDI I AVENUE #2C ACH, FL 33483	
ity-St-Zip:						
itle: lame: ddress: ity-St-Zip:	LEBLANC, NICO	_ RD. N. APT #1002	Title: Name: Address: City-St-Zip:		() Change () Addition	
itle: lame: ddress:	LEBLANC, NICO 4171 HAVERHILI WEST PALM BE S/D () I LOVE, KATHRYN	LE _ RD. N. APT #1002 ACH, FL 33417 Delete I O WAY, APT 106	Name: Address:		() Change () Addition () Change () Addition	
tle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	LEBLANC, NICO 4171 HAVERHILI WEST PALM BE, S/D () I LOVE, KATHRYN 4510 PORTOFIN WEST PALM BE,	LE _ RD. N. APT #1002 ACH, FL 33417 Delete I O WAY, APT 106 ACH, FL 33409 Delete NDA ACE N	Name: Address: City-St-Zip: Title: Name: Address:			

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: MARTIN KATZ D 04/15/2007