

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050690

Entity Name: MD DIETS, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1851 TALPECO ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1851 TALPECO ROAD
TALLAHASSEE, FL 32303

New Mailing Address:

12449 CHIMNEY LANE
TALLAHASSEE, FL 32312

FEI Number: 59-3647084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEAL MAGNUSON
1851 TALPECO ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

PERKINS, DANIEL B
12449 CHIMNEY LANE
TALLAHASSEE, FL 32312 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: DANIEL BRETT PERKINS

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: PERKINS, DANIEL B MD
Address: 12449 CHIMNEY LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD () Delete
Name: EASTERLING, REBECCA E
Address: 7336 OX BOW CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD () Delete
Name: MAGNUNSON, MICHAEL
Address: 10523 BLUE WAY COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MILLS, MARK R
Address: 539 E 7TH AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WRIGHT, MICHAEL
Address: ROUTE 3 BOX 42
City-St-Zip: BRISTOL, FL 32321

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL BRETT PERKINS

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04/30/2007

Electronic Signature of Signing Officer or Director

Date