2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000065212

1. Entity Name
NORTH AMERICAN DIABETIC, INC.

Principal Place of Business	Mailing Address
551 NW 77 STREET SUITE 114 BOCA RATON, FL 33487 US	1198 HILLSBORO MILE 208 HILLSBORO BEACH, FL 33062 US

40112618

04302007   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-391 3934
NOT APPLICABLE | Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BORDONARO, DAVID C
1198 HILLSBORO MILE
208
HILLSBORO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _Lynn Green Lynn Green_   4-30-07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BORDONARO, DAVID C
STREET ADDRESS	1198 HILLSBORO MILE 208
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062

TITLE	Lynn Green - Vice Pres
NAME	
STREET ADDRESS	6748 Palermo Way
CITY-ST-ZIP	Lake Worth, Fl. 33467

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Lynn Green Lynn Green_   4-30-07   561-986-9105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #