

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106596

FILED
Apr 25, 2008
Secretary of State

Entity Name: NEWAGEDRINK.COM SEMINARS AND BENEFITS INC.

Current Principal Place of Business:

6047 ST. AUGUSTINE RD., #160
JACKSONVILLE, FL 32217

New Principal Place of Business:

6271 ST. AUGUSTINE RD. #218
JACKSONVILLE, FL 32217

Current Mailing Address:

6047 ST. AUGUSTINE RD., #160
JACKSONVILLE, FL 32217

New Mailing Address:

6271 ST. AUGUSTINE RD., #218
JACKSONVILLE, FL 32217

FEI Number: 20-5465061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, ALVIN S. JR.
6047 ST. AUGUSTINE RD., #160
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

HARRISON, ALVIN S. JR.
6271 ST. AUGUSTINE RD., #218
JACKSONVILLE, FL 32217 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:

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: HARRISON, ALVIN S. JR.
Address: 6047 ST. AUGUSTINE RD., #160
City-St-Zip: JACKSONVILLE, FL 32217

Title: DVT () Delete
Name: HARRISON, ALVIN S. SR.
Address: 6047 ST. AUGUSTINE RD., #160
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: BROWN, JAMES E.
Address: 6047 ST. AUGUSTINE RD., #160
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: HARRISON, ALVIN S. JR.
Address: 6271 ST. AUGUSTINE RD., #218
City-St-Zip: JACKSONVILLE, FL 32217

Title: DVT (X) Change () Addition
Name: HARRISON, ALVIN S. SR.
Address: 6271 ST. AUGUSTINE RD., #218
City-St-Zip: JACKSONVILLE, FL 32217

Title: D (X) Change () Addition
Name: BROWN, JAMES E.
Address: 6271 ST. AUGUSTINE RD., #218
City-St-Zip: JACKSONVILLE, FL 32217

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: ALVIN S. HARRISON, JR.

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

Date