

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029587

Entity Name: ALL NATURAL, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

1811 WHITE HERON BAY CIRCLE
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

1811 WHITE HERON BAY CIRCLE
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 20-8583330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVITS, STEVE
1811 WHITE HERON BAY CIRCLE
ORLANDO, FL 32824 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVITS, STEVE
Address: 1811 WHITE HERON BAY CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: VP () Delete
Name: LEVY, ERAN
Address: 4279 INDIAN RIVER DRIVE
City-St-Zip: COCOA, FL 32927

Title: SECR () Delete
Name: LEVITS, STEVE
Address: 1811 WHITE HERON BAY CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: TRES () Delete
Name: LEVITS, STEVE
Address: 1811 WHITE HERON BAY CIRCLE
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: STEVE, LEVITS
Address: 1811 WHITE HERON BAY
City-St-Zip: ORLANDO, FL 32824

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: STEVE LEVITS

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date