2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2009
Secretary of State

DOCUMENT# P08000005482

Entity Name: THE ALOE MAN'S HEALING NATION, INC.

Current Principal Place of Business:

18800 NW 2ND AVE STE 104
MIAMI, FL 33169

New Principal Place of Business:

18800 NW 2ND AVENUE
104
MIAMI, FL 33169

Current Mailing Address:

18800 NW 2ND AVE STE 104
MIAMI, FL 33169

New Mailing Address:

3030 CAMPBELLTON ROAD SW
3
ATLANTA, GA 30311

FEI Number: 26-1778168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, JOHNNY L
18800 NW 2ND AVE STE 104
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

JOHNSON, JOHNNY L
18800 NW 2ND AVENUE
104
MIAMI, FL 33169 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: 05/26/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: JOHNSON, JOHNNY L
Address: 5185 STONE COFT TRAIL
City-St-Zip: ATLANTA, GA 30331

Title: DP ( ) Delete
Name: JOHNSON, JOHNNY L
Address: 5185 STONE COFT TRAIL
City-St-Zip: ATLANTA, GA 30331

Title: DST ( ) Delete
Name: JOHNSON, PAULETTE
Address: 5185 STONE COFT TRAIL
City-St-Zip: ATLANTA, GA 30331

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:

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: JOHNNY L JOHNSON P 05/26/2009
Electronic Signature of Signing Officer or Director — Date