

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071565

FILED
Jan 18, 2010
Secretary of State

Entity Name: FOUR LEAF CLOVER DIABETIC SUPPLIES, INC.

Current Principal Place of Business:

5488 COUNTY ROAD 209 SOUTH
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

994 HWY 64 BUSINESS
HAYESVILLE, NC 28904 US

Current Mailing Address:

5488 COUNTY ROAD 209 SOUTH
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

P.O. BOX 1007
HAYESVILLE, NC 28904 US

FEI Number: 59-3463960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILKINSON, GARY L
1301 RIVERPLACE BLVD.
STE. 1818
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

ANDERSON, ALAN H
411 WALNUT STREET
4495
GREEN COVE SPRINGS, FL 32043 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: ALAN H. ANDERSON

01/18/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D
Name: SWEENEY, WILLIAM F
Address: 994 HWY 64 BUSINESS
City-St-Zip: HAYESVILLE, NC 28904 US

Title: VSTD
Name: ANDERSON, ALAN H
Address: 994 HWY 64 BUSINESS
City-St-Zip: HAYESVILLE, NC 28904 US

I hereby 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 all other like empowered.

SIGNATURE: ALAN H. ANDERSON

VSTD

01/18/2010

Electronic Signature of Signing Officer or Director

Date