2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038088

FILED Jan 09, 2009 Secretary of State

Entity Name: OLIVE LEAVES NUTRITION & CONSULTATION CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 634 W 23RD STREET PANAMA CITY, FL 32405 US **Current Mailing Address: New Mailing Address:** 505 PARKWOOD DRIVE PANAMA CITY, FL 32405 FEI Number: 59-3572229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KENAWY, AHMED H P&S 505 PARKWOOD DRIVE PANAMA CITY, FL 32405 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P&S () Delete Title: **PVTS** (X) Change () Addition KENAWY, AHMED KENAWY, AHMED Name: 505 PARKWOOD DRIVE 505 PARKWOOD DRIVE Address: PANAMA CITY, FL 32405

Title: Name: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip:

Title: VΡ (X) Delete Title: () Change () Addition Name:

Address:

City-St-Zip:

KENAWY, FADIA Name: 505 PARKWOOD DRIVE Address: PANAMA CITY, FL 32405 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: AHMED H KENASY **PRES** 01/09/2009