2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 15, 2007 8:00 am Secretary of State

DOCUMENT # F0300006056 1. Entity Name TWINLAB CORPORATION					08-15-2007 90022 019 ***550.00			
Principal Place of Business Mailing Address 3133 ORCHARD VISTA DR. S.E. GRAND RAPIDS, MI 49546 GRAND RAPIDS, MI 49546						100 1 100 1 100 1 100 100 100 100 100 1		
2. Principal P	lace of Business (No P.O. Box #	3. Mailing Address? Waf						
Suite, Apt.	#, eic. Floor	Suite, Apt. #, etc.)	<u> </u>	0726200		CR2E034 (12/06)	ation For	
Mew !	ork, New York	Mew York,	14ew You	4. FEI Nur 20-03	366608	No	oplied For of Applicable	
1001	2 USA	10012	USA		ate of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent Name				7. Name a	nd Address of New	Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
4.				ity FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND D	DIRECTORS	11.	ADDITION	S/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE NAME	PD FOX, MARK A	☐ Delete	TITLE NAME	All add	roadwaf York, P	weld Genange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	3133 ORCHARD VISTA DR. S.E. GRAND RAPIDS, MI 49546	7	STREET ADDRESS CITY-ST-ZIP	(032 D	POURWAY	lew York	1012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEUWIRTH, RICHARD H 3133 ORCHARD VISTA DR. S.E. GRAND RAPIDS, MI 49546	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	// /	, , , ,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CONOLOQUE, ROBERT 3133 ORCHARD VISTA DR. S.E. GRAND RAPIDS, MI 49546	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Conolog	ue	Change Ch	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSK, PETER A 3133 ORCHARD VISTA DR. S.E. GRAND RAPIDS, MI 49546	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, WILLIAM W 3133 ORCHARD VISTA DR. S.E. GRAND RAPIDS, MI 49546	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, ANTHONY 3133 ORCHARD VISTA DR. S.E. GRAND RAPIDS, MI 49546	Deiele	TITLE NAME STREET ADDRESS CITY-ST-ZIP		AND FILE OF THE	Change	Addition	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R: Chard H. 14cuwirth, Secretary

8 7 7 07 212-451-8540 Date Daytine Phone 8