

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000710

FILED
Mar 29, 2010
Secretary of State

Entity Name: CELSIUS PRODUCTS HOLDINGS, INC.

Current Principal Place of Business:

140 NE 4TH AVE SUITE C
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

140 NE 4TH AVE SUITE C
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 20-2745790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARITZ COLMAN LLP
1075 BROKEN SOUND PARKWAY, NW
SUITE 102
BOCA RATON, FL 33487 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: CP
Name: HALEY, STEPHEN
Address: 140 NE 4TH AVE SUITE C
City-St-Zip: DELRAY BEACH, FL 33483

Title: V
Name: HALEY, JANICE
Address: 140 NE 4TH AVE SUITE C
City-St-Zip: DELRAY BEACH, FL 33483

Title: DST
Name: COTTON, GEARY
Address: 140 NE 4TH AVE SUITE C
City-St-Zip: DELRAY BEACH, FL 33483

Title: D
Name: JAMES, CAST
Address: 140 NE 4TH AVE SUITE C
City-St-Zip: DELRAY BEACH, FL 33483

Title: D
Name: WILLIAM, MILMOE
Address: 140 NE 4TH AVE SUITE C
City-St-Zip: DELRAY BEACH, FL 33483

Title: D
Name: THOMAS, LYNCH
Address: 140 NE 4TH AVE, SUITE C
City-St-Zip: DELRAY BEACH, FL 33483

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: GEARY W COTTON

CFO

03/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date