## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005208

Entity Name: SUNCOAST NUTRICEUTICALS, INC.

FILED May 18, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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17140 COLLINS AVENUE, SUITE 103 5447 NW 42ND AVE SUNNY ISLES BEACH, FL 33160 BOCA RATON, FL 33496

Current Mailing Address: New Mailing Address:

17140 COLLINS AVENUE, SUITE 103 5447 NW 42ND AVE SUNNY ISLES BEACH, FL 33160 BOCA RATON, FL 33496

FEI Number: 20-3369799 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:

LUPO-WALDEN, LINDA J
17140 COLLINS AVENUE, SUITE 103
SUNNY ISLES BEACH, FL 33160 US

REILLY, WILLIAM J
5447 NW 42ND AVE
BOCA RATON, FL 33496 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: WILLIAM J REILLY 05/18/2006

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP ( ) Delete Title: CP (X) Change ( ) Addition Name: LUPO-WALDEN, LINDA J Name: REILLY, WILLIAM J

 Name:
 LUPO-WALDEN, LINDA J
 Name:
 REILLY, WILLIAM J

 Address:
 17140 COLLINS AVENUE, SUITE 103
 Address:
 5447 NW 42ND AVE

 City-St-Zip:
 SUNNY ISLES BEACH, FL 33160
 City-St-Zip:
 BOCA RATON, FL 33496 US

Title: ( ) Delete Title: SEC ( ) Change (X) Addition

 Name:
 Name:
 REILLY, SHANNON

 Address:
 Address:
 14404 NORTH ROAD

 City-St-Zip:
 City-St-Zip:
 LOXAHATCHEE, FL 33470 US

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J REILLY PRES 05/18/2006