2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000707

MCGEE, RICHARD

140 NE 4TH AVE SUITE C

DELRAY BEACH, FL 33483

Name:

Address:

City-St-Zip:

Entity Name: CELSIUS PRODUCTS, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 140 NE 4TH AVE SUITE C DELRAY BEACH, FL 33483 **Current Mailing Address: New Mailing Address:** 140 NE 4TH AVE SUITE C DELRAY BEACH, FL 33483 FEI Number: 01-0882382 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: BARITZ COLMAN LLP 1075 BROKEN SOUND PARKWAY, NW SUITE 102 BOCA RATON, FL 33487 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: Title: () Delete () Change () Addition HALEY, STEVE Name: Name: 140 NE 4TH AVE SUITE C Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: DST Title: () Delete () Change () Addition NORELID, JAN Name: Name: 140 NE 4TH AVE SUITE C Address: Address: DELRAY BEACH, FL 33483 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HALEY, JANICE Name: Name: 140 NE 4TH AVE SUITE C Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

PERLMAN, JEFFREY

140 NE 4TH AVE SUITE C

DELRAY BEACH, FL 33483

SIGNATURE: JAN NORELID DST 04/13/2009