

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001643

Entity Name: SUNLIFE NUTRITION, INC.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

2201 WILTON DRIVE
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

2201 WILTON DRIVE
FORT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 06-1724753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHINDLER, RAINER
2201 WILTON DRIVE
FORT LAUDERDALE, FL 33305 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: CS () Delete
Name: SCHINDLER, RAINER
Address: 516 NW 20TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DVP () Delete
Name: HEDENKAMP, MARKUS
Address: 516 NW 20TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DP () Delete
Name: HEDENKAMP, KLAUS
Address: 516 NW 20TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: AS () Delete
Name: VERSTRATE, CHRISTOPHER J ESQ.
Address: 77 WEST WACKER, SUITE 4100
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: RAINER SCHINDLER

CS

04/08/2008

Electronic Signature of Signing Officer or Director

Date