2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003844

Entity Name: BIO-ENGINEERED SUPPLEMENTS & NUTRITION, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5901 BROKEN SOUND PARKWAY NW, 6TH FLOOR 5901 BROKEN SOUND PARKWAY NW

BOCA RATON, FL 33487 SUITE 600

BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

5901 BROKEN SOUND PARKWAY NW, 6TH FLOOR 5901 BROKEN SOUND PARKWAY NW

BOCA RATON, FL 33487 SUITE 600

BOCA RATON, FL 33487

FEI Number: 65-1085156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

EDMONDS, TANYA EDMONDS, TANYA

5901 BROKEN SOUND PARKWAY NW, 6TH FLOOR 5901 BROKEN SOUND PARKWAY NW

BOCA RATON, FL 33487 SUITE 600

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: 05/01/2008

> 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: () Delete Title: (X) Change () Addition FERGUSON, CHRISTOPHER FERGUSON, CHRISTOPHER Name: Name:

5901 BROKEN SOUND PARKWAY NW, 6TH FLOOR Address: 5901 BROKEN SOUND PARKWAY NW, SUITE 600 Address:

City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487

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

Name: JAMES, SCOTT Name: JAMES, SCOTT

5901 BROKEN SOUND PARKWAY NW, 6TH FLOOR Address: 5901 BROKEN SOUND PARKWAY NW, SUITE 600 Address:

BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487 City-St-Zip:

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

FERGUSON, JULIE FERGUSON, JULIE Name: Name:

5901 BROKEN SOUND PARKWAY NW, 6TH FLOOR 5901 BROKEN SOUND PARKWAY NW, SUITE 600 Address: Address:

City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487

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

EDMONDS, TANYA EDMONDS, TANYA Name: Name:

5901 BROKEN SOUND PARKWAY NW, 6TH FLOOR 5901 BROKEN SOUND PARKWAY NW, SUITE 600 Address: Address:

City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487

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: TANYA EDMONDS 05/01/2008 S