2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003844

EDMONDS, TANYA

BOCA RATON, FL 33487

5901 BROKEN SOUND PARKWAY NW, SUITE 600

Name:

Address:

City-St-Zip:

Entity Name: BIO-ENGINEERED SUPPLEMENTS & NUTRITION INC

FILED Jul 28, 2009 Secretary of State

Littly Name. BIO-ENGINEERED SOFFEEMENTS & NOTRITION, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
SUITE 600	KEN SOUND ON, FL 3348	PARKWAY NW 37					
Current Mailing Address:				New Mailing Address:			
SUITE 600	KEN SOUND ON, FL 3348	PARKWAY NW 37					
FEI Number:	65-1085156	FEI Number Applied For ()	FEI Nur	nber Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
EDMONDS, TANYA 5901 BROKEN SOUND PARKWAY NW SUITE 600 BOCA RATON, FL 33487 US				SCHILLAGE, BRENT 5901 BROKEN SOUND PARKWAY NW SUITE 600 BOCA RATON, FL 33487 US			
The above in the State		submits this statement for the	purpose c	of changing i	ts registere	d office or registered agent, or both,	
SIGNATURE: BRENT V. SCHILLAGE				07/28/2009			
	Electro	nic Signature of Registered Ag	ent			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: Name: Address: City-St-Zip:	FERGUSON, C	I SOUND PARKWAY NW, SUITE 600	ı	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	JAMES, SCOT	I SOUND PARKWAY NW, SUITE 600	ı	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	FERGUSON, J	SOUND PARKWAY NW, SUITE 600	ı	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	s () Delete		Title:	S	(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:

SCHILLAGE, BRENT

BOCA RATON, FL 33487

5901 BROKEN SOUND PARKWAY NW, SUITE 600

SIGNATURE: BRENT V. SCHILLAGE S 07/28/2009