

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J93819

FILED  
Jul 13, 2006  
Secretary of State

Entity Name: STELLAR HEALTH PRODUCTS, INC.

## Current Principal Place of Business:

71 COLLEGE DRIVE  
ORANGE PARK, FL 32065 US

## New Principal Place of Business:

2654 HOLLY POINT ROAD, EAST  
ORANGE PARK, FL 32073 US

## Current Mailing Address:

71 COLLEGE DRIVE  
ORANGE PARK, FL 32065 US

## New Mailing Address:

2654 HOLLY POINT ROAD, EAST  
ORANGE PARK, FL 32073 US

FEI Number: 59-2901756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BASS, GARY A  
71 COLLAGE DRIVE  
ORANGE PARK, FL 32065 US

## Name and Address of New Registered Agent:

BASS, GARY A  
2654 HOLLY POINT ROAD, EAST  
ORANGE PARK, FL 32073 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: GARY A BASS

07/13/2006

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:

Title: D ( ) Delete  
Name: BASS, GARY A  
Address: 71 COLLEGE DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

Title: D (X) Delete  
Name: FOWLER, JAY A  
Address: 71 COLLEGE DRIVE  
City-St-Zip: ORANGE PARK, FL 32065 US

Title: D (X) Delete  
Name: NEWBERG, BRIAN C  
Address: 71 COLLEGE DRIVE  
City-St-Zip: ORANGE PARK, FL 32065 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BASS, GARY A  
Address: 2654 HOLLY POINT ROAD, EAST  
City-St-Zip: ORANGE PARK, FL 32073

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 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: GARY A BASS

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07/13/2006

Electronic Signature of Signing Officer or Director

Date