

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J96865

FILED
Feb 19, 2009
Secretary of State

Entity Name: ENZYME BEAUTY & HEALTH PRODUCTS OF HAWAII, INC.

Current Principal Place of Business:

4601 E. HWY 100
UNIT I-7
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1869
FLAGLER BEACH, FL 32136 US

New Mailing Address:

FEI Number: 59-2782048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICIANNI, MARGARET L
1205 S. FLAGLER AVE.
FLAGLER BEACH, FL 32136 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: P () Delete
Name: MURZYN, JOHN,
Address: 800 LEILANI
City-St-Zip: HILO, HI 96720

Title: TS () Delete
Name: DICIANNI, MARGARET L
Address: 1205 S. FLAGLER AVE.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP () Delete
Name: MURZYN, JOHN
Address: 800 LERLANI
City-St-Zip: HILO, HI 96720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: MURZYN, JOHN
Address: 800 LEILANI
City-St-Zip: HILO, HI 96720

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: MARGARET L. DICIANNI

TS

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date