


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90039 003 ****55.00

DOCUMENT # L03000042650 1. Entity Name PEAK NUTRITIONAL SOLUTIONS "LLC"	
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Principal Place of Business 5060 MISTY MORN ROAD PALM BEACH GARDENS, FL 33418	Mailing Address 5060 MISTY MORN ROAD PALM BEACH GARDENS, FL 33418
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 83-0382802	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~SCOTT McDULIN~~ **LISA McDULIN**
**5060 MISTY MORN ROAD
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

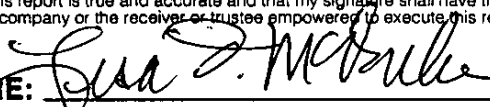
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MC DULIN, SCOTT LISA 5060 MISTY MORN ROAD PALM BEACH GARDENS, FL 33418
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **3/7/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #