


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000044768</b> 1. Entity Name CREATIVE NUTRITIONAL SCIENCES, LLC	
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Principal Place of Business 13217 ROYAL GEORGE AVENUE ODESSA, FL 33556 US	Mailing Address 13217 ROYAL GEORGE AVENUE ODESSA, FL 33556 US
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**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2813977	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GARG, MANIN 13217 ROYAL GEORGE AVENUE ODESSA, FL 33556
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

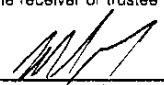
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREATIVE NUTRITIONAL SCIENCES, LTD 145-157 ST JOHN STREET, 2ND FLOOR LONDON, UK EC1V 4PY
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05/01/07-80019-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  *Creative Nutritional Sciences, LLC*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE  
*by Manin Garg*  
Date *04/16/2007* Daytime Phone *727-504-3915*