

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058469

FILED
Feb 20, 2007
Secretary of State

Entity Name: EXCEL NUTRITIONAL SUPPLEMENTS LLC

Current Principal Place of Business:

7223 N. MOBLEY RD.
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

7223 N. MOBLEY RD.
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-1901006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BARBARA T
7223 N. MOBLEY RD.
ODESSA, FL 33556 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, BARBARA T
Address: 7223 N. MOBLEY RD.
City-St-Zip: ODESSA, FL 33556

Title: MGRM () Delete
Name: JOHNSON, DENIS C
Address: 7223 N. MOBLEY RD.
City-St-Zip: ODESSA, FL 33556

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: DUANE, JOHNSON
Address: 14305 ARBOR HILLS DR.
City-St-Zip: TAMPA, FL 33624

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 is true and accurate and that my electronic 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: BARBARA JOHNSON

MGRM

02/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date