



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90040 013 ***150.00

DOCUMENT # L11790 1. Entity Name TRANS-PACIFIC HEALTH PRODUCTS, INC.					
Principal Place of Business 8499 S TAMiami TR SUITE 274 SARASOTA, FL 34238 US			Mailing Address 8499 S TAMiami TR STE 263 SARASOTA, FL 34238 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01302008 Chg-P CR2E034 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-2985071	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, MARTIN S. 7746-66TH ST NORTH PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12645-49th ST. N. SUITE 300 City CLEARWATER FL Zip Code 33762		
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 <i>Martin S. Jones</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		MARTIN S. JONES <small>(NOTE: Registered Agent signature required when reinstating)</small>		1-30-08 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD COOK-HALLOCK, SUSAN 4279 BALMORAL WAY SARASOTA, FL 34238	<input type="checkbox"/> Delete			
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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <i>Susan V. Cook-Hallock</i> SUSAN COOK-HALLOCK 941-966-9886 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		