2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004
Secretary of State

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Entity Name: METABOLIC RESEARCH, INC.

Current Principal Place of Business:

1818 SHERIDAN STREET #103
HOLLYWOOD, FL 33020

New Principal Place of Business:

1818 SHERIDAN STREET #104
HOLLYWOOD, FL 33020

Current Mailing Address:

1818 SHERIDAN STREET #103
HOLLYWOOD, FL 33020

New Mailing Address:

1818 SHERIDAN STREET #104
HOLLYWOOD, FL 33020

FEI Number: 65-1069331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHANDL, EMIL K DR.
168 NE 6TH COURT
DANIA, FL 33004 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHANDL, EMIL K DR.
Address: 168 NE 6TH COURT
City-St-Zip: DANIA, FL 33004

Title: VD ( ) Delete
Name: SCHANDL, EMIL
Address: 1818 SHERIDAN STREET #104
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD ( ) Delete
Name: CARLO, ALLISON
Address: 5247 JAMBOREE PL.
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. E.K. SCHANDL PRES 04/09/2004
Electronic Signature of Signing Officer or Director — Date