

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008017

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: METABOLIC RESEARCH, INC.

## Current Principal Place of Business:

1818 SHERIDAN STREET  
SUITE 104  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

## Current Mailing Address:

1818 SHERIDAN STREET  
SUITE 104  
HOLLYWOOD, FL 33020

## New Mailing Address:

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 BEACH, FL 33004 US

## Name and Address of New Registered Agent:

SCHANDL, EMIL K DR.  
1818 SHERIDAN ST.  
HOLLYWOOD, FL 33020 US

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:

04/17/2006

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: PD (X) Change ( ) Addition  
Name: SCHANDL, EMIL K DR.  
Address: 1818 SHJERIDAN ST.  
City-St-Zip: HOLLYWOOD, FL 33020

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 Chapter 119, 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: E K SCHANDL

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date