

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008017

FILED
Jan 17, 2009
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.
1818 SHERIDAN ST.
HOLLYWOOD, FL 33020 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: 1818 SHERIDAN ST.
City-St-Zip: HOLLYWOOD, FL 33020

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 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

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date