2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47711

FILED Apr 28, 2008 Secretary of State

Entity Name: INSTITUTE OF METABOLIC RESEARCH, INC.

	Principal Place of Business:	New Principal Place	OT BUSINESS:
	HWAY 17 COVE SPRINGS, FL 32043		
Current Mailing Address:		New Mailing Address:	
	HWAY 17 OVE SPRINGS, FL 32043		
El Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:
SOILEAU, 3229 HWY GREEN C			
	e named entity submits this statement for the e of Florida.	e purpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida.	e purpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida.		ed office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. [*] RE:	gent	
n the Stat SIGNATU DFFICER Title: Name: Address:	e of Florida. RE: Electronic Signature of Registered A	gent	Date
n the Stat BIGNATU DFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: D () Delete SOILEAU, NINA 6191 W. SHORES RD.	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
n the Stat SIGNATU	e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: D () Delete SOILEAU, NINA 6191 W. SHORES RD. ORANGE PARK, FL D () Delete SOILEAU, JOHN, 6191 W. SHORES RD	gent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date EES TO OFFICERS AND DIRECTOR () Change () Addition

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: JOHN SOILEAU P 04/28/2008