# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2004**
**Secretary of State**

DOCUMENT# N99000003799

**Entity Name:** BOUNTIFUL INTERNATIONAL, INC.

**Current Principal Place of Business:**

2601 TECHNOLOGY DRIVE
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2807
ORLANDO, FL 32802

**New Mailing Address:**

**FEI Number: 59-3676530** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUNNS, RANIER
2601 TECHNOLOGY DRIVE
ORLANDO, FL 32804 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: D ( ) Delete
Name: WARD, STEPHEN
Address: 469 N 300 E #2
City-St-Zip: PROVO, UT 84606

Title: DCP ( ) Delete
Name: MUNNS, APRIL
Address: 2601 TECHNOLOGY DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete
Name: MUNNS, JACOB
Address: 5901 W BEHREND DRIVE #1027
City-St-Zip: GLENDALE, AZ 85308

Title: D ( ) Delete
Name: PRASAD, CHETAN
Address: 1565 N UNIVERSITY AVE
City-St-Zip: PROVO, UT 84604

Title: D ( ) Delete
Name: GAERTNER, MARCO
Address: 11242 E PORTAL AVE
City-St-Zip: MESA, AZ 85212

Title: D ( ) Delete
Name: BEEKMAN, ALICIA
Address: 1970 NEW RODGERS RD M-8
City-St-Zip: LEVITTOWN, PA 19056

**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:

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: APRIL MUNNS DCP 04/29/2004

Electronic Signature of Signing Officer or Director Date