

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003799

FILED  
Apr 29, 2004  
Secretary of State

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