2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005
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: JACOB MUNNS D 02/03/2005

Electronic Signature of Signing Officer or Director — Date