


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000037742	
1. Entity Name BREAKTHROUGH ENGINEERED NUTRITION, INC.	

Principal Place of Business 6950 BRYAN DAIRY ROAD LARGO, FL 33777	Mailing Address 6950 BRYAN DAIRY ROAD LARGO, FL 33777
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3640239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEKHARAM, KOTHA S 6950 BRYAN DAIRY RD. LARGO, FL 33777	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

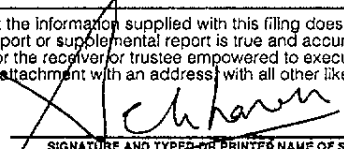
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TANEJA, JUGAL 6950 BRYAN DAIRY ROAD LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD TANEJA, MIHIR 6950 BRYAN DAIRY ROAD LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV DORE-FALCONE, CAROL 6950 BRYAN DAIRY ROAD LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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01/10/05-80047-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/7/05 (727) 544-8866
Date Day/Time Phone #