2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000037742

1. Entity Name
BREAKTHROUGH ENGINEERED NUTRITION, INC.

Principal Place of Business	Mailing Address
6950 BRYAN DAIRY ROAD LARGO, FL 33777	6950 BRYAN DAIRY ROAD LARGO, FL 33777

01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3640239
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEKHARAM, KOTHA S
6950 BRYAN DAIRY RD.
LARGO, FL 33777

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	TANEJA, JUGAL
STREET ADDRESS	6950 BRYAN DAIRY ROAD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	CEOD
NAME	TANEJA, MIHIR
STREET ADDRESS	6950 BRYAN DAIRY ROAD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	CFOV
NAME	DORE-FALCONE, CAROL
STREET ADDRESS	6950 BRYAN DAIRY ROAD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kotha Sekharam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/4/06 Daytime Phone #