2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026386

Entity Name: BIO-ENGINEERED SUPPLEMENTS & NUTRITION, INC.

FILED Apr 20, 2007 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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6500 E ROGERS CIRCLE 5901 BROKEN SOUND PARKWAY NW

6TH FLOOR STE D

BOCA RATON, FL 33487 BOCA RATON, FL 33487

New Mailing Address: **Current Mailing Address:**

5901 BROKEN SOUND PARKWAY NW 6500 E ROGERS CIRCLE

STE D **6TH FLOOR**

BOCA RATON, FL 33487 BOCA RATON, FL 33487

FEI Number: 65-1085156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FERGUSON, JULIE EDMONDS, TANYA 6500 E. ROGERS CIRCLE 5901 BROKEN SOUND PARKWAY NW

BOCA RATON, FL 33487 US 6TH FLOOR BOCA RATON, FL 33487 US

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: TANYA EDMONDS 04/20/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

BOCA RATON, FL 33487

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BOCA RATON, FL 33487

Title: () Delete Title: (X) Change () Addition

JAMES, SCOTT Name: Name: JAMES, SCOTT

12334 COLONY PRESERVE DR. 5901 BROKEN SOUND PARKWAY NW Address: Address:

City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOCA RATON, FL 33487

Title: Title: PD () Delete (X) Change () Addition FERGUSON, CHRISTOPHER Name: Name: FERGUSON, CHRISTOPHER

16355 BRAEBURN 5901 BROKEN SOUND PARKWAY NW Address: Address:

BOCA RATON, FL 33487 BOCA RATON, FL 33487 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete TD FERGUSON, JULIE M FERGUSON, JULIE M Name: Name:

16355 BRAEBURN 5901 BROKEN SOUND PARKWAY NW Address: Address:

City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487

Title: () Delete Title: (X) Change () Addition EDMONDS, TANYA EDMONDS, TANYA Name: Name:

5901 BROKEN SOUND PARKWAY NW Address: 6500 E ROGERS CIRCLE Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TANYA EDMONDS S 04/20/2007