SENT BY: 4-25- 6 ; 15:12 ;

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Secretary of State

05-04-2006 90233 008 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000082888

1. Entity Name
BETTER HEALTH NUTRACEUTICALS, INC.

40084

Principal Place of Business	Mailing Address
501 SE 10TH AVENUE POMPANO BEACH, FL 33306	501 SE 10TH AVENUE POMPANO BEACH, FL 33306

04252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2320 NW 48th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lighthouse Point, FL	City & State
Zip: 33064 Country: USA	Zip Country

4. FEI Number: 06-1676162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINUTOLO, CHARLES
501 SE 10TH AVENUE
POMPANO BEACH, FL 33306

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2320 NW 48th Street

City Lighthouse Point FL Zip Code 33064

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	D
NAME	MINUTOLO, CHARLES ☐ Delete	NAME	Minutolo, Charles ☒ Change ☐ Addition
STREET ADDRESS	501 SE 10TH AVENUE	STREET ADDRESS	2320 NW 48th Street
CITY-ST-ZIP	POMPANO BEACH, FL 33306	CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #