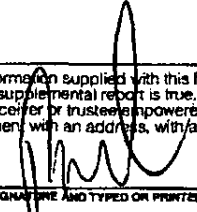


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90313 025 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000108790					
1. Entity Name ARTEL ALLERGY PRODUCTS INC.					
Principal Place of Business 3041 SHELL MOUND BLVD FORT MYERS BEACH, FL 33931			Mailing Address PO BOX 242 FORT MYERS BEACH, FL 33931		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 16-1685290	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCARTHY, PATRICK J 3041 SHELL MOUND BLVD FORT MYERS BEACH, FL 33931				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 reappointing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME ☐ Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP	FORT MYERS BEACH, FL 33931				
TITLE	NAME ☐ Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME ☐ Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME ☐ Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME ☐ Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME ☐ Delete				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME ☐ Change ☐ Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME ☐ Change ☐ Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME ☐ Change ☐ Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
TITLE	NAME ☐ Change ☐ Addition				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  4/2/04 239 463 1005					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					