## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000084734

4909 S. U.S. #1

FORT PIERCE, FL 34982 US

Address:

City-St-Zip:

Entity Name: BELLY BUSTER DIET, INC.

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4909 SOUTH US #1 139 D PORT ST. LUCIE BLVD. STE. D STE. D FORT PIERCE, FL 34982 US PORT ST. LUCIE FL, FL 34984 US **Current Mailing Address: New Mailing Address:** 4909 S. US#1 FORT PIERCE, FL 34982 US FEI Number: 20-1249477 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: MCCASKILL, LEE 801 SOUTH OCEAN DRIVE #808 FORT PIERCE, FL 34949 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MCCASKILL, LEE Name: Name: 801 SOUTH OCEAN DRIVE #808 Address: Address: City-St-Zip: FORT PIERCE, FL 34949 US City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition Name: VERNON, MICHAEL D Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: N LEE MCCASKILL P 04/30/2009