

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000084734

Entity Name: BELLY BUSTER DIET, INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4909 SOUTH US 1  
FORT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

4909 S. US#1  
FORT PIERCE, FL 34982 US

**New Mailing Address:**

FEI Number: 20-1249477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCASKILL, LEE  
801 SOUTH OCEAN DRIVE  
#808  
FORT PIERCE, FL 34949 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCCASKILL, LEE  
Address: 801 SOUTH OCEAN DRIVE #808  
City-St-Zip: FORT PIERCE, FL 34949 US

Title: VP  
Name: VERNON, MICHAEL D  
Address: 4909 S. U.S. #1  
City-St-Zip: FORT PIERCE, FL 34982 US

I hereby 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 all other like empowered.

SIGNATURE: LEE MCCASKILL

P

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date