2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P04000087823

Entity Name: BIO PHARM NUTRITION, INC.

Current Principal Place of Business:

3533 EDGEWATER DR
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

3533 EDGEWATER DR
SEBRING, FL 33872

New Mailing Address:

FEI Number: 20-0724183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PSTD	( ) Delete
Name:	GOAD, JAMES T	
Address:	3533 EDGEWATER DR	
City-St-Zip:	SEBRING, FL 33872	
Title:	P	( ) Delete
Name:	DIAZ, DANIEL	
Address:	10231 NEWINGTON DR.	
City-St-Zip:	ORLANDO, FL 32836	
Title:	P	( ) Delete
Name:	CABRERA, EVA	
Address:	728 CRESTING OAK CIR.	
City-St-Zip:	ORLANDO, FL 32824	
Title:	P	( ) Delete
Name:	SULLIVAN, COLIN	
Address:	7920 VILLAGE GREEN RD	
City-St-Zip:	ORLANDO, FL 32818	
Title:	P	( ) Delete
Name:	PEREZ, HECTOR R	
Address:	18336 BEVERLY RD. APT 6C	
City-St-Zip:	KEW GARDENS, NY 11415	
Title:	P	( ) Delete
Name:	FARAH, DIEGO	
Address:	7103 OLD PUMPKIN LANE	
City-St-Zip:	WINTER GARDEN, FL 34787	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
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: JAMES T. GOAD PSTD 02/17/2009

Electronic Signature of Signing Officer or Director — Date