

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142685

FILED
Mar 21, 2007
Secretary of State

Entity Name: CARDIOVASCULAR RISK REDUCTION USA, INC.

Current Principal Place of Business:

5150 LIMTON BLVD, #220
DELRAY BEACH, FL 33484

New Principal Place of Business:

5150 LINTON BLVD, #220
DELRAY BEACH, FL 33484

Current Mailing Address:

5150 LIMTON BLVD, #220
DELRAY BEACH, FL 33484

New Mailing Address:

5150 LINTON BLVD, #220
DELRAY BEACH, FL 33484

FEI Number: 16-1710723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARIDA, CAMILLE
5150 LIMTON BLVD, #220
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

CARIDA, CAMILLE
5150 LINTON BLVD, #220
DELRAY BEACH, FL 33484 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:

03/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CARIDA, CAMILLE
Address: 5150 LIMTON BLVD, #220
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: CARIDA, CAMILLE
Address: 5150 LINTON BLVD, #220
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the 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: CAMILLE CARIDA

PRES

03/21/2007

Electronic Signature of Signing Officer or Director

Date