2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 03, 2008 08:00 All Secretary of State DOCUMENT # P04000168847 1. Entity Name PROTECH NUTRACEUTICALS, INC. Principal Place of Business Mailing Address 2025 WEAVER PARK DRIVE 2025 WEAVER PARK DRIVE CLEARWATER FL 33765 US CLEARWATER FL 33765 2. Principal Place of Business - No P.O. Box # 3. Marling Address Suite, Apt, #, etc. Suite Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-2018884 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORETTI, JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 3600 FREMANTLE DRIVE PALM HARBOR FL 34684 City 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, if am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or mirred (an niot) sqistmed agent and the Transication DATE fliGTE. Registried Agent signatum required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change TITLE Defete ☐ Addition MORETTI, JOSEPH J NAME NAME STREET ADDRESS 3600 FREMANTLE DRIVE STREET ADDRESS CITY-ST-7IP PALM HARBOR FL 34684 CITY-ST-ZIP ☐ Darete ☐ Change Addition TIT: F TITLE U00000845968 NAME NAME 03/18/08-80009-003 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition THEE ☐ Derete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Derete TITLE Change ■ Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-28P CITY - ST - ZIP III_E ☐ Derete Change TITLE ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🔲 De ete TITLE THE ☐ Change ☐ Addition NAME DAME SURFET ADDRESS STREET ADDRESS City-st-zig CITY ST- ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 efficer or director of the corporation or the receiver or trueffer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of the corporation or the receiver or tractice emporif chariged, or on an attachment will an address.

ail other like empowered.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2-29-68 727-466-0770