

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123479

FILED
Jan 26, 2009
Secretary of State

Entity Name: LOURDES NUTRACEUTICALS INC.

Current Principal Place of Business:

20341 PRIVATE LANE
LAND O' LAKES, FL 34638 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2325
LAND O' LAKES, FL 34639 US

New Mailing Address:

FEI Number: 20-5615101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JENNINGS, CHRISTINE A
2301 SHIRECREST COVE WAY
LUTZ, FL 33558 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: P () Delete
Name: JENNINGS, JOEY L
Address: 2301 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558 US

Title: VP () Delete
Name: JENNINGS, CHRISTINE A
Address: 2301 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558 US

Title: SECR () Delete
Name: JENNINGS, CHRISTINE A
Address: 2301 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558 US

Title: TRES () Delete
Name: JENNINGS, CHRISTINE A
Address: 2301 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558 US

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:

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: JOEY JENNINGS

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date