

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148800

**FILED**  
**Apr 11, 2008**  
**Secretary of State**

**Entity Name:** RESMED NUTRACEUTICALS INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

15 PARADISE PLAZA #277  
SARASOTA, FL 34239

**New Principal Place of Business:**

15 PARADISE PLAZA #277  
# 277  
SARASOTA, FL 34239

**Current Mailing Address:**

3119 CLARK RD  
SARASOTA, FL 34231

**New Mailing Address:**

15 PARADISE PLAZA #277  
# 277  
SARASOTA, FL 34239

**FEI Number:** 20-5963315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOBKA, RICHARD J  
1614 ANCHORAGE ST  
SARASOTA, FL 34231 US

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

LAFRANCE, DAVID A  
569 COMMONWEALTH LANE  
SARASOTA, FL 34242 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:** DAVID A. LAFRANCE

04/11/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** BOBKA, RICHARD J  
**Address:** 1614 ANCHORAGE ST  
**City-St-Zip:** SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** LAFRANCE, DAVID A  
**Address:** 569 COMMONWEALTH LANE  
**City-St-Zip:** SARASOTA, FL 34242

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:** DAVID A. LAFRANCE

PRES

04/11/2008

Electronic Signature of Signing Officer or Director

Date