2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068098

Entity Name: BREAKTHROUGH NUTRACEUTICALS CORPORATION

FILED Jan 05, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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3001 N. ROCKY POINT DRIVE EAST, SUITE 200 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

3001 N. ROCKY POINT DRIVE EAST, SUITE 200 TAMPA, FL 33607

FEI Number: 26-0325852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CROWNBORN, DAVID CROWNBORN, PAULA E

3001 N. ROCKÝ POINT DRIVE EAST, SUITE 200 3001 N. ROCKÝ POINT DRIVE EAST, SUITE 200

TAMPA, FL 33607 TAMPA, FL 33607 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: PE 01/05/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CROWNBORN, DAVID Name: Name: PENNO, TINA

3001 N. ROCKY POINT DRIVE EAST, SUITE 200 4412 RIDGELINE CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33624

TAMPA, FL 33607 City-St-Zip:

Title: Title: DIR () Delete (X) Change () Addition CROWNBORN, PAULA E Name: Name: VINSON, AMY L

3001 N. ROCKY POINT DRIVE EAST, SUITE 200 5318 STARHILL PLACE Address: Address: TAMPA, FL 33607 TAMPA, FL 33624 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete DIR

VINSON, AMY LATISHA NELSON, DOMNICK Name: Name: 5318 STARHILL PLACE 1105 RIDGEFIELD DRIVE Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: (X) Change () Addition

NELSON, DOMNICK CROWNBORN, PAULA E Name: Name:

Address: 1105 RIDGEFIELD DRIVE VALRICO Address: 3001 N ROCKY POINT DRIVE EAST, SUITE 200

City-St-Zip: TAMPA, FL 33594 City-St-Zip: TAMPA, FL 33607

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: PE DIR 01/05/2008