## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000107737

KIM, JIN KYONG

180 S HAMPTON DRIVE

JUPITER, FL 33458

Name: Address:

City-St-Zip:

Entity Name: JUPITER HEALTH PRODUCTS, INC.

FILED Apr 14, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 180 S HAMPTON DRIVE 6390 INDIANTOWN ROAD #27-B JUPITER, FL 33458 JUPITER, FL 33458 **Current Mailing Address: New Mailing Address:** 180 S HAMPTON DRIVE JUPITER, FL 33458 FEI Number: 26-1103193 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: TRIPP, JOSEPH 180 S HAMPTON DRIVE JUPITER, FL 33458 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition TRIPP, JOSEPH Name: Name: 180 S HAMPTON DRIVE Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition KIM, HONG IK Name: Name: 180 S HAMPTON DRIVE Address: Address: JUPITER, FL 33458 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition KIM, JUNG IN Name: Name: 180 S HAMPTON DRIVE Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH TRIPP PRES 04/14/2008