

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90412 013 ***150.00

DOCUMENT # P39857

1. Entity Name
HIMMEL NUTRITION INC.



Principal Place of Business
**1926 10TH AVENUE N
STE 303
LAKE WORTH, FL 33466 US**

Mailing Address
**P.O. BOX 5329
LAKE WORTH, FL 33466-5329**

50012814



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0347209

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCST ☐ Delete
NAME HIMMEL, JEFFREY
STREET ADDRESS 125 E. 72 STREET APT 7A
CITY-ST-ZIP NEW YORK, NY

TITLE COOP ☐ Delete
NAME DWYER, PATRICK
STREET ADDRESS 15 STURGES RIDGE ROAD
CITY-ST-ZIP WILTON, CT

TITLE D ☐ Delete
NAME TASHLIK, THEODORE WM
STREET ADDRESS 7 TEAKWOOD LANE
CITY-ST-ZIP ROSLYN, NY 11576

TITLE D ☐ Delete
NAME GOLDWYN, MARTIN M.
STREET ADDRESS 16 TULIP DRIVE
CITY-ST-ZIP GREAT NECK, NY 11021

TITLE CFO ☐ Delete
NAME CARDILLO, DEBRA
STREET ADDRESS 4265 HYACINTH CIRCLE NO
CITY-ST-ZIP PALM BEACH GARDENS, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS c/o Himmel Nutrition 1926 10th Ave. N.
CITY-ST-ZIP #303, Lake Worth, FL 33461

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Heim, Debra
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06
Date

(561) 588-0070
Daytime Phone #