

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P39857

1. Entity Name
HIMMEL NUTRITION INC.



Principal Place of Business
**1926 10TH AVENUE N
STE 303
LAKE WORTH, FL 33461 US**

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



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0347209	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U00000855042
03/27/08-80034-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DCST
NAME	HIMMEL, JEFFREY S
STREET ADDRESS	1926 10TH AVE N. #303
CITY- ST- ZIP	LAKE WORTH, FL 33461
TITLE	COOP
NAME	DWYER, PATRICK
STREET ADDRESS	15 STURGES RIDGE ROAD
CITY- ST- ZIP	WILTON, CT
TITLE	D
NAME	TASHLIK, THEODORE WM
STREET ADDRESS	7 TEAKWOOD LANE
CITY- ST- ZIP	ROSLYN, NY 11576
TITLE	D
NAME	GOLDWYN, MARTIN M.
STREET ADDRESS	16 TULIP DRIVE
CITY- ST- ZIP	GREAT NECK, NY 11021
TITLE	CFO
NAME	HEIM, DEBRA
STREET ADDRESS	4265 HYACINTH CIRCLE NO
CITY- ST- ZIP	PALM BEACH GARDENS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

2/29/08

Date

(561) 585-0070

Daytime Phone #