2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069565

Entity Name: METABOLIC RESEARCH CENTER OF FLORIDA, INC.

FILED Mar 10, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3229 HIGHWAY 17 NORTH 6001-18 ARGYLE FOREST BLVD. GREEN COVE SPRINGS, FL 32043 ORANGE PARK, FL 32244

Current Mailing Address: New Mailing Address:

3229 HIGHWAY 17 NORTH 3229 HIGHWAY 17

GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043

FEI Number: 59-3232769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SOILEAU, JOHN 3229 HIGHWAY 17 NORTH SOILEAU, JOHN 3229 HIGHWAY 17

GREEN COVE SPRINGS, FL 32043 US GREEN COVE SPRINGS, FL 32043 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: 03/10/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SOILEAU, NINA
 Name:
 SOILEAU, NINA

 Address:
 3229 HWY 17 N
 Address:
 3229 HWY 17

City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

 Name:
 SOILEAU, JOHN
 Name:
 SOILEAU, JOHN

 Address:
 3229 HWY 17 N
 Address:
 3229 HWY 17

City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN SOILEAU P 03/10/2005