


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90063 022 \*\*\*150.00

<b>DOCUMENT # P94000086046</b> 1. Entity Name <b>SUPPLEMENT WAREHOUSE, INC.</b>					
Principal Place of Business <b>4677 S. UNIVERSITY DR DAVIE, FL 33328</b>			Mailing Address <b>4677 S. UNIVERSITY DR DAVIE, FL 33328</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>9116 Griffin Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Cooper City FL</b>			
Zip	Country	Zip <b>33328</b>	Country	4. FEI Number <b>65-0540267</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCHAFLER, BRIAN 4677 S UNIVERSITY DR DAVIE, FL 33328</b>				7. Name and Address of New Registered Agent Name <b>Schafle Brian</b> Street Address (P.O. Box Number is Not Acceptable) <b>9116 Griffin Road</b> City <b>Cooper City</b> <b>FL</b> Zip Code <b>33328</b>	
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 <u><i>Brian Schafle</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>8/5/08</u>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHAFLER, BRIAN 8770 SW 56 PLACE COOPER CITY, FL 33328</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Brian Schafle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>8/5/08</u> <u>954 6807759</u> <small>Date Daytime Phone #</small>		

**66015831**



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