


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

04-08-2004 90047 045 ***150.00

DOCUMENT # P95000070216 1. Entity Name BENTLEY'S HEALTH & NUTRITIONAL SYSTEMS, INC.																																	
Principal Place of Business 12140 COLLEGIATE WAY SUITE 100 ORLANDO FL 32817 US			Mailing Address P O BOX 780501 ORLANDO FL 32878 US																														
2. Principal Place of Business		3. Mailing Address																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country	4. FEI Number 72-1300013 <input type="checkbox"/> 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 LOUVIERE, BENTLEY J 12140 COLLEGIATE WAY #100 ORLANDO FL 32817																													
7. Name and Address of New Registered Agent Name Bentley Louviere Street Address (P.O. Box Number is Not Acceptable) 433 Careyway Orlando FL 32825 P.O. BOX 780501 City ORLANDO FL 32878				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 <i>[Signature]</i> Bentley Louviere (President) 4/5/04 <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PVPT LOUVIERE, BENTLEY J 433 CAREY WAY ORLANDO FL 32825 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT LOUVIERE, BENTLEY J 433 CAREY WAY ORLANDO FL 32825 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 persons empowered.																																	
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/5/04 Daytime Phone # (407) 207 2511																													