2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000093179

Address:

City-St-Zip:

129 THORTON DR.

PALM BCH GARDENS, FL 33418

Entity Name: METABOLIC RESEARCH INSTITUTE, INC.

FILED Feb 09, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:		
1515 NORTH FLAGLER DRIVE SUITE 440					
	LM BEACH, F	L 33401			
Current N	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
SUITE 440					
WESTPA	LM BEACH, F	L 33401			
FEI Number	: 65-0707900	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1515 NOR SUITE 440	TZ, BARRY S I TH FLAGLER) LM BEACH, F	DRIVE			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (KAYE, WILLIAI 302 EDEN RO PALM BEACH,	AD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VPD (HOROWITZ, B) Delete ARRY	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ADRIANA DONDIO CFO 02/09/2009