2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056607

Entity Name: METABOLIC RESEARCH CENTER OF MERRITT ISLAND, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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255 FORTENBERRY ROAD #B-1 138 SOUTH WOODS DR. MERRITT ISLAND, FL 32952 SUITE 102

ROCKLEDGE, FL 32955

Current Mailing Address: New Mailing Address:

3229 HWY 17 GREEN COVE SPRINGS, FL 32043

FEI Number: 91-1832707 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:

DOOLITTLE, GEORGE
255 FORTENBERRY ROAD
SUITE B-1
MERRITT ISLAND, FL 32952 US
DOOLITTLE, GEORGE
138 SOUTH WOODS DR.
SUITE 102
ROCKLEDGE, FL 32955 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: 04/24/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: P (X) Change () Addition

 Name:
 SOILEAU, JOHN
 Name:
 SOILEAU, JOHN

 Address:
 3229 HWY 17
 Address:
 3229 HWY 17

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

Title: P () Delete Title: V (X) Change () Addition
Name: DOOLITTLE. GEORGE Name: DOOLITTLE. GEORGE

Address: 6117 CR 209 SOUTH Address: 6117 CR 209 SOUTH

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

Title: ST () Delete Title: VS (X) Change () Addition Name: SOILEAU, NINA Name: SOILEAU, NINA

 Name:
 SOILEAU, NINA
 Name:
 SOILEAU, NIN

 Address:
 3229 HWY 17
 Address:
 3229 HWY 17

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

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

DOOLITTLE, PHYLLIS

6117 CR 209 SOUTH

Address:
GREEN COVE SPRINGS, FL 32043

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: JOHN SOILEAU P 04/24/2008