2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07073

Entity Name: OPTIMUM NUTRITION, INC

OAK BROOK, IL 60523

City-St-Zip:

FILED Jan 05, 2005 Secretary of State

Littly Nai	ille. Or Hivio	WINGTRITION, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
600 NORT AURORA,	H COMMERO IL 60504	E STREET			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	GRASS CORF FL 33343	ORATE PARKWAY			
FEI Number:	: 36-3839445	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1101 BRIC SUITE 800	ERIC D ESQ. CKELL AVENU SOUTH TOV 33131 US				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	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:	PD (COSTELLO, M 8611 NW 60TH PARKLAND, F	н СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD (COSTELLO, A 15 NATOMA D		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: MICHAEL J COSTELLO PD 01/05/2005