## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K07073

Entity Name: OPTIMUM NUTRITION, INC.

**Current Principal Place of Business:** 

FILED Jan 19, 2006 Secretary of State

600 NORTH COMMERCE STREET AURORA, IL 60504			
Current Mailing Address:		New Mailing Address:	
403 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33343		600 NORTH COMMERCE STREET AURORA, IL 60504	
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 New Registered Agent:	
ISICOFF, ERIC D ESQ. 1101 BRICKELL AVENUE SUITE 800 SOUTH TOWER MIAMI, FL 33131 US		ISICOFF, ERIC D ESQ. 1200 BRICKELL AVENUE SUITE 1900 SOUTH TOWER MIAMI, FL 33131 US	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

**New Principal Place of Business:** 

Election Campaign Financing Trust Fund Contribution ( ).

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

in the State of Florida.

SIGNATURE:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

01/19/2006

Date

( ) Delete Title: Title: () Change () Addition COSTELLO, MICHAEL J., Name: Name: 8611 NW 60TH CT Address: Address: City-St-Zip: PARKLAND, FL 33067 City-St-Zip: Title: VD () Delete Title: (X) Change ( ) Addition COSTELLO, ANTHONY P COSTELLO, ANTHONY P Name: Name: Address: Address: 15 NATOMA DRIVE 3000 OAK BROOK HILLS ROAD OAK BROOK, IL 60523 OAK BROOK, IL 60523 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete DIR Name: LARIMER, JENNIFER S Name: Address: 600 NORTH COMMERCE STREET Address: City-St-Zip: City-St-Zip: AURORA, IL 60504

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER LARIMER DIR 01/19/2006