2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008
Secretary of State

DOCUMENT# K25328

Entity Name: METABOLIC NUTRITION INC.

Current Principal Place of Business:

2054 NE 153RD STREET
N MIAMI BEACH, FL 33162 US

New Principal Place of Business:

10450 W. MCNAB ROAD
TAMARAC, FL 33321 US

Current Mailing Address:

2054 NE 153RD ST.
N. MIAMI BEACH, FL 33162

New Mailing Address:

10450 W. MCNAB ROAD
TAMARAC, FL 33321 US

FEI Number: 65-0055773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, MURRAY J
2054 N.E. 153 STREET
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

COHEN, JAY M
10450 W. MCNAB ROAD
TAMARAC, FL 33321 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: JAY M. COHEN 05/20/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COHEN, MURRAY J
Address: 2054 NE 153RD STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D ( ) Delete
Name: COHEN, JAY M
Address: 2054 NE 153RD STREET
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COHEN, JAY M
Address: 10450 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change ( ) Addition
Name: COHEN, BETH E
Address: 10450 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

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: BETH E. COHEN TREA 05/20/2008
Electronic Signature of Signing Officer or Director Date