

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91193 011 ***150.00

DOCUMENT # P01000085959
1. Entity Name
THERANUTRIENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
416 BURNS COURT
Suite, Apt. #, etc.

3. Mailing Address
416 BURNS COURT
Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA
Zip 34236 Country USA

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SARASOTA, FLORIDA
Zip 34236 Country USA

4. FEE Number 59-3733147
Applied For: Not Applicable

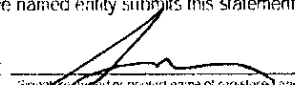
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DUFFEY, SAMUEL S.
Street Address (P.O. Box Number is Not Acceptable): 416 BURNS COURT
City: SARASOTA FL Zip Code: 34236

8. 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:  SAMUEL S. DUFFEY 4/23/02
Signature of or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

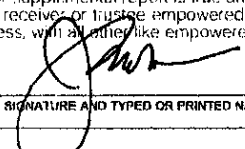
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	C/CEO/D	TITLE	
NAME	O'DONNELL, FRANCIS E.	NAME	
STREET ADDRESS	709 THE HAMPTONS LANE	STREET ADDRESS	
CITY - ST - ZIP	TOWN & COUNTRY, MO 63017	CITY - ST - ZIP	
TITLE	CFO/D	TITLE	
NAME	McNULTY, JAMES A.	NAME	
STREET ADDRESS	4419 WEST SEVILLA STREET	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33629	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or on an attachment with an address, with an office like empowered.

SIGNATURE:  JAMES A. McNULTY 4/24/02 (813) 902-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)