

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061670

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** SPECIALTY NUTRITION GROUP, INC.

**Current Principal Place of Business:**

1055 SW 11TH STREET  
BOCA RATON, FL 33486

**New Principal Place of Business:**

2741 MARINA CIRCLE  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

PO BOX 847  
BOCA RATON, FL 33429

**New Mailing Address:**

2741 MARINA CIRCLE  
LIGHTHOUSE POINT, FL 33064

**FEI Number:** 03-0455637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: LORENZI, IRINA  
Address: 1055 SW 11TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: CHR  
Name: HORN, GREG  
Address: 2971 NE 27TH AVENUE  
City-St-Zip: LIGHTHOUSE, FL 33064

I hereby 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 all other like empowered.

SIGNATURE: GREGORY T. HORN

CHR

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date