2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021077

Entity Name: BOB'S NUTRITION PLUS, INC.

ORLANDO, FL 32828

City-St-Zip:

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3092 ALOMA AVENUE #215 3092 ALOMA AVENUE WINTER PARK, FL 32792 US #215 WINTER PARK, FL 32792 US **Current Mailing Address: New Mailing Address:** P.O. BOX 720134 ORLANDO, FL 32872 US FEI Number: 33-1044000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HODGES, ROBERT V 512 DIVINE CIRCLE ORLANDO, FL 32828 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition HODGES, ROBERT V Name: Name: 512 DIVINE CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: () Delete Title: **VPST** Title: () Change () Addition Name: HODGES, THERESA J Name: 512 DIVINE CIRCLE Address: Address:

City-St-Zip:

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: THERESA J. HODGES VPST 03/17/2009