2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000050660

Entity Name: U.S.A. NUTRITION INC.

FILED Apr 19, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principa	al Place of Business:	New Principal Place of Business:

1717 N. BAYSHORE DR. 1717 N. BAYSHORE DR. #1734

MIAMI, FL 33132 US MIAMI, FL 33132 US

Current Mailing Address: New Mailing Address:

1717 N. BAYSHORE DR. 1717 N. BAYSHORE DR. 1734 #1734 MIAMI, FL 33132 US MIAMI, FL 33132 US

FEI Number: 65-0671613 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:

MAILLARD, PATRICIA
444 BRICKELL AVE
5TE 51-345
MIAMI, FL 33131 US
MAILLARD, PATRICIA
1717 N. BAYSHRE DR.
#1734
MIAMI, FL 33131 US
MIAMI, FL 33132 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: 04/19/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:MAILLARD, PATRICIAName:MAILLARD, PATRICIAAddress:444 BRICKELL AVE STE 51-345Address:1717 N. BAYSHORE DR. 1734

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33132

Title: VP () Delete Title: VP (X) Change () Addition Name: DIAZ D. JOSE A Name: DIAZ. JOSE A

 Name:
 DIAZ D, JOSE A
 Name:
 DIAZ, JOSE A

 Address:
 2950 JACKSON AVE
 Address:
 2950 JACKSON AVE

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 MIAMI, FL 33133

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: PATRICIA MAILLARD P 04/19/2006