2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2017
Secretary of State
CC9652459050

DOCUMENT# P08000084226

Entity Name: NDS NUTRITION PRODUCTS, INC.

Current Principal Place of Business:

4509 SOUTH 143RD STREET
SUITE 1
OMAHA, NE 68137

Current Mailing Address:

4509 SOUTH 143RD STREET
SUITE 1
OMAHA, NE 68137

FEI Number: 80-0268857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VCORP SERVICES, LLC
5011 SOUTH STATE ROAD 7, SUITE 106
DAVIE, FL 33314 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

Officer/Director Detail :

Title	CEO, DIRECTOR	Title	CFO, DIRECTOR
Name	WILSON, JOHN	Name	ABRAMS, MICHAEL
Address	4509 SOUTH 143RD STREET, SUITE 1	Address	4509 SOUTH 143RD STREET, SUITE 1
City-State-Zip:	OMAHA NE 68137	City-State-Zip:	OMAHA NE 68137
Title	DIRECTOR	Title	DIRECTOR
Name	JAFFE, LEWIS	Name	YAKATAN, SETH
Address	4509 SOUTH 143RD STREET, SUITE 1	Address	4509 SOUTH 143RD STREET SUITE 1
City-State-Zip:	OMAHA NE 68137	City-State-Zip:	OMAHA NE 68137
Title	DIRECTOR	Title	DIRECTOR
Name	DAWSON, GRANT	Name	ORDAL, TODD
Address	4509 SOUTH 143RD STREET SUITE 1	Address	4509 SOUTH 143RD STREET SUITE 1
City-State-Zip:	OMAHA NE 68137	City-State-Zip:	OMAHA NE 68137

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: MICHAEL ABRAMS — CHIEF FINANCIAL OFFICER — 02/28/2017

Electronic Signature of Signing Officer/Director Detail — Date