

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 548339

FILED
Mar 18, 2004
Secretary of State

Entity Name: NUTRITION WORLD, INC.

Current Principal Place of Business:

2501 SO. FEDERAL HWY.
FT. PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

2501 SO. FEDERAL HWY.
FT. PIERCE, FL 34982

New Mailing Address:

2501 SO. FEDERAL HWY.
FT. PIERCE, FL 349825922 US

FEI Number: 59-1808665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, DAVID
222 S.W. INWOOD AVE.
PORT ST LUCIE, FL 34984 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, DAVID
Address: 222 S.W. INWOOD AVE.
City-St-Zip: PORT ST. LUCIE, FL

Title: S () Delete
Name: COHEN, DAVID S.
Address: 222 S.W. INWOOD AVE.
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: COHEN, DAVID S BPS
Address: 222 S.W. INWOOD AVE.
City-St-Zip: PORT ST. LUCIE, FL

Title: MRS (X) Change () Addition
Name: COHEN, CHERYL A
Address: 222 S.W. INWOOD AVE.
City-St-Zip: PORT ST. LUCIE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID S. COHEN

MR

03/18/2004

Electronic Signature of Signing Officer or Director

_____ Date