

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 548339

Entity Name: NUTRITION WORLD, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

5 ESLA LANE
HOT SPRINGS VILLAGE, AR 71909

Current Mailing Address:

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

New Mailing Address:

5 ESLA LANE
HOT SPRINGS VILLAGE, AR 71909 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:

COHEN, DAVID S
9044 BAY HARBOUR CIR
WEST PALM BEACH, FL 334115152 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: DAVID S. COHEN

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: MRS () Delete
Name: COHEN, CHERYL A
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: 5 ESLA LANE
City-St-Zip: HOT SPRINGS VILLAGE, AR 71909

Title: MRS (X) Change () Addition
Name: COHEN, CHERYL A
Address: 5 ESLA LANE
City-St-Zip: HOT SPRINGS VILLAGE, AR 71909

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: DAVID S. COHEN

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

Date