2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 660861

Entity Name: NUTRITION COTTAGE, INC.

Current Principal Place of Business:

407 E ATLANTIC AVE
DELRAY BCH, FL 33483

New Principal Place of Business:

Current Mailing Address:

407 E ATLANTIC AVE
DELRAY BCH, FL 33483

New Mailing Address:

FEI Number: 59-1989047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOWE, MARK
411 E ATLANTIC AVENUE
SUITE 4
DELRAY BEACH, FL 33483 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:	DP	( ) Delete
Name:	STOWE, R MARK	
Address:	407 E ATLANTIC AVE	
City-St-Zip:	DELRAY BCH, FL 33483	
Title:	DST	( ) Delete
Name:	STOWE, KAREN	
Address:	407 E. ATLANTIC AVE	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	DV	( ) Delete
Name:	BLACK, ALLISON ANN	
Address:	14 SPRING STREET	
City-St-Zip:	BIRMINGHAM, AL 35213	
Title:	DV	( ) Delete
Name:	STOWE, JR., RICHARD MARK	
Address:	30 NW 11TH ST	
City-St-Zip:	DELRAY BEACH, FL 33444	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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: R. MARK STOWE DP 04/28/2009

Electronic Signature of Signing Officer or Director — Date