


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F0300000514
 1. Entity Name
 TEW NUTRICEUTICALS, INC.



Principal Place of Business 66 NORTH HOLIDAY ROAD DESTIN, FL 32550	Mailing Address 66 NORTH HOLIDAY ROAD DESTIN, FL 32550
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2388901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, THOMAS E
 66 NORTH HOLIDAY ROAD
 DESTIN, FL 32550

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD WILLIAMS, THOMAS E 4654 SUNSAIL CIRCLE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TITS, AIMEE 95 BAY GROVE FREEPORT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CARLOZZI, SARA 2780 ROSEMONT DRIVE NAVARRE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTSON, GERALD DR. 6200 CYPRESS STREET WEST MONROE, LA 71291
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/23/04-80061-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sara Carlozzi Date: 4-21-04 Daytime Phone: 850-269-2277

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR