

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000514

Entity Name: TEW NUTRICEUTICALS, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

66 NORTH HOLIDAY ROAD
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

66 NORTH HOLIDAY ROAD
DESTIN, FL 32550

New Mailing Address:

FEI Number: 58-2388901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, THOMAS E
66 NORTH HOLIDAY ROAD
DESTIN, FL 32550 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: PCD () Delete
Name: WILLIAMS, THOMAS E
Address: 4654 SUNSAIL CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: SD () Delete
Name: TITS, AIMEE
Address: 95 BAY GROVE
City-St-Zip: FREEPORT, FL

Title: TD () Delete
Name: CARLOZZI, SARA
Address: 2780 ROSEMONT DRIVE
City-St-Zip: NAVARRE, FL

Title: D () Delete
Name: ROBERTSON, GERALD DR.
Address: 6200 CYPRESS STREET
City-St-Zip: WEST MONROE, LA 71291

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 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: THOMAS E WILLIAMS

PCD

04/26/2005

Electronic Signature of Signing Officer or Director

Date