


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000001917**

1. Entity Name  
 UNITED STATES NUTRITION, INC.



Principal Place of Business  
 90 ORVILLE DRIVE  
 BOHEMIA, NY 11716

Mailing Address  
 851 BROKEN SOUND PARKWAY, N.W.  
 BOCA RATON, FL 33487



07152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-0375273

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANASTAS, ALBERT
STREET ADDRESS	90 ORVILLE DRIVE
CITY-ST-ZIP	BOHEMIA, NY 11716
TITLE	TD
NAME	KAMIL, HARVEY
STREET ADDRESS	90 ORVILLE DRIVE
CITY-ST-ZIP	BOHEMIA, NY 11716
TITLE	V
NAME	DRUCKER, BARRY
STREET ADDRESS	90 ORVILLE DRIVE
CITY-ST-ZIP	BOHEMIA, NY 11716
TITLE	V
NAME	SCOZA, RICHARD
STREET ADDRESS	90 ORVILLE DRIVE
CITY-ST-ZIP	BOHEMIA, NY 11716
TITLE	SD
NAME	SLADE, MICHAEL C
STREET ADDRESS	90 ORVILLE DRIVE
CITY-ST-ZIP	BOHEMIA, NY 11716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000375333  
 08/01/05-80014-012 550.00

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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)(f), 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 titles empowered.

SIGNATURE: Michael C. Slade Michael C. Slade Date: 7/26/05 Daytime Phone #: 631-244-2000