

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001917

FILED
May 04, 2006
Secretary of State

Entity Name: UNITED STATES NUTRITION, INC.

Current Principal Place of Business:

90 ORVILLE DRIVE
BOHEMIA, NY 11716

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

90 ORVILLE DRIVE
BOHEMIA, NY 11716

FEI Number: 20-0375273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANASTASI, ALBERT
Address: 90 ORVILLE DRIVE
City-St-Zip: BOHEMIA, NY 11716

Title: TD () Delete
Name: KAMIL, HARVEY
Address: 90 ORVILLE DRIVE
City-St-Zip: BOHEMIA, NY 11716

Title: V () Delete
Name: DRUCKER, BARRY
Address: 90 ORVILLE DRIVE
City-St-Zip: BOHEMIA, NY 11716

Title: V () Delete
Name: SCOZA, RICHARD
Address: 90 ORVILLE DRIVE
City-St-Zip: BOHEMIA, NY 11716

Title: SD () Delete
Name: SLADE, MICHAEL C
Address: 90 ORVILLE DRIVE
City-St-Zip: BOHEMIA, NY 11716

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:

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 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: MICHAEL C. SLADE

SD

05/04/2006

Electronic Signature of Signing Officer or Director

Date