

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90017 035 ***150.00

| | |
|---|---|
| DOCUMENT # F06000003691 |  |
| 1. Entity Name NUTRITION PHYSIOLOGY CORPORATION | |

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|--|--|
| Principal Place of Business 10333 N MEDIDIAN ST #160 INDIANAPOLIS IN 46291 | Mailing Address 10333 N MEDIDIAN ST #160 INDIANAPOLIS IN 46291 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 702 QUIN | 3. Mailing Address 8425 WOODFIELD CROSSING BLVD # 110 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State GUYMON, OK | City & State INDIANAPOLIS, IN |
| Zip | Country |
| | 4 |

1st MOORE CR2E034 (10/06)

| | |
|--|--|
| 4. FEI Number 75-2483960 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent INCRP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE FL 33470 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP WARE, DOUGLAS 11358 WOODS BAY LN INDIANAPOLIS IN 46236 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | WARE, DOUGLAS 97533 FRANKLIN RIDGE CHAPEL HILL, NC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS GARNER, BRYAN 7714 WHITE PLAINS AMARILLO TX 79121 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT RAY, MICHAEL P.O. BOX 1620 GUYMON OK 73942 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07

Date

580 338 7979

Daytime Phone #