

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003691

FILED
Mar 19, 2008
Secretary of State

Entity Name: NUTRITION PHYSIOLOGY CORPORATION

Current Principal Place of Business:

702 QUIN
GUYMON, OK

New Principal Place of Business:

702 N. QUINN
GUYMON, OK 73942

Current Mailing Address:

8425 WOODFIEL CROSSING BLVD
#110
INDIANAPOLIS, IN 46291

New Mailing Address:

8425 WOODFIELD CROSSING BLVD
SUITE 110
INDIANAPOLIS, IN 46290

FEI Number: 75-2483960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: DP () Delete
Name: WARE, DOUGLAS
Address: 97533 FRANKLIN RIDGE
City-St-Zip: CHAPEL HILL, NC

Title: DS () Delete
Name: GARNER, BRYAN
Address: 7714 WHITE PLAINS
City-St-Zip: AMARILLO, TX 79121

Title: DT () Delete
Name: RAY, MICHAEL
Address: P.O. BOX 1620
City-St-Zip: GUYMON, OK 73942

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WARE, DOUGLAS
Address: 97533 FRANKLIN RIDGE
City-St-Zip: CHAPEL HILL, NC 27517

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: RAY, MICHAEL
Address: P.O. BOX 1620
City-St-Zip: GUYMON, OK 73942

I hereby certify that the information supplied with this filing does not qualify 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 RAY

DT

03/19/2008

Electronic Signature of Signing Officer or Director

Date