2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# J17714

Entity Name: NUTRICOM, INC.

Current Principal Place of Business:

3006 WESSEX STREET
ORLANDO, FL 328036846

New Principal Place of Business:

Current Mailing Address:

3006 WESSEX STREET
ORLANDO, FL 328036846

New Mailing Address:

FEI Number: 59-2850545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIU, CHE CHI
3006 WESSEX STREET
ORLANDO, FL 32803 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: PD ( ) Delete
Name: LIU, CHE CHI,
Address: 3006 WESSEX ST
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete
Name: LIU, SHAO LAN
Address: 3006 WESSEX STREET
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete
Name: LIU, CHING S
Address: 3006 WESSEX STREET
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete
Name: LIU, MEI YUN
Address: 520 SE 17TH PLACE
City-St-Zip: OCALA, FL 34471

Title: SD ( ) Delete
Name: LIU, MEI CHING
Address: 3006 WESSEX STREET
City-St-Zip: ORLANDO, FL

Title: TD ( ) Delete
Name: WANG, RONG HWA
Address: 520 SE 17TH PLACE
City-St-Zip: OCALA, FL 34471

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:

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

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: CHE CHI LIU PD 03/23/2009

Electronic Signature of Signing Officer or Director — Date