

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J72017

FILED
May 01, 2007
Secretary of State

Entity Name: NUTRICHEM INTERNATIONAL, INC.

Current Principal Place of Business:

2692 WEST LAKE MARY BLVD.
SUITE 1000
LAKE MARY, FL 32746 US

New Principal Place of Business:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

2692 WEST LAKE MARY BLVD.
SUITE 1000
LAKE MARY, FL 32746 US

New Mailing Address:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-2798096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CELINA P ROE
2692 WEST LAKE MARY BLVD.
SUITE 1000
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

KELLEY, GOLDBERG, LEACH & COHN PL
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

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: STEPHEN COHN

05/01/2007

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: PD () Delete
Name: ROE, WILLIAM T.,
Address: BOSQUE DEL ALFEREZ 27
City-St-Zip: MEXICO 10, D.F., MX,

Title: SD () Delete
Name: ROE, MARIA SOLEDAD,
Address: BOSQUE DEL ALFERZE 27
City-St-Zip: MEXICO 10, D.F., MX,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM T. ROE

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date