

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # J78004 1. Entity Name NUTRITIOUS LIFESTYLES, INC.	
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Principal Place of Business 918 LUCERNE TERRACE ORLANDO, FL 32806	Mailing Address 918 LUCERNE TERRACE ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2825422	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCKEE, JANET 1720 LAKE SHORE DR. ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE

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 _____
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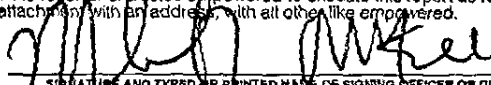
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKEE, JANET 1720 LAKESHORE DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCKEE, MICHAEL T 1720 LAKE SHORE DR. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/06-80013-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 as 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	Date 4/17/06	Daytime Phone # 407-894-1444
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Michael T. McKee