2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# J83272

Entity Name: PERSONALIZED NUTRITION, INC.

Current Principal Place of Business:

590 STARBOARD DR.
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

590 STARBOARD DR.
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2837474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTERSON, BONNIE
590 STARBOARD DR.
NAPLES, FL 34103 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

OFFICERS AND DIRECTORS:

Title: PD
Name: MASTERSON, BONNIE L
Address: 590 STARBORAD DRIVE
City-St-Zip: NAPLES, FL 34103 UN

Title: TREA
Name: EASTMAN, KAREN S
Address: 550 18TH AV S
City-St-Zip: NAPLES, FL 34102 UN

Title: VP
Name: EASTMAN, KAREN S
Address: 550 18TH AV S
City-St-Zip: NAPLES, SE 34102 UN

Title: SEC
Name: MASTERSON, BONNIE
Address: 590 STARBOARD DR
City-St-Zip: NAPLES, SE 34103 UN

Title: PD
Name: MASTERSON, BONNIE
Address: 590 STARBOARD DR
City-St-Zip: NAPLES, SE 34103 UN

Title: PD
Name: MASTERSON, BONNIE
Address: 590 STARBOARD DR
City-St-Zip: NAPLES, SE 34103 UN

I hereby 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 all other like empowered.

SIGNATURE: BONNIE MASTERSON PD 04/10/2012

Electronic Signature of Signing Officer or Director Date