2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021834

Entity Name: H&H NUTRITION, LLC

Address:

City-St-Zip:

3988 ISLA CIUDAD COURT

NAPLES, FL 34109 US

FILED Jun 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5995 SOUTHPOINTE BLVD. **SUITE #107** FORT MYERS, FL 33919 **New Mailing Address: Current Mailing Address:** 5995 SOUTHPOINTE BLVD. SUITE #107 FORT MYERS, FL 33919 LIS FEI Number: 20-1090866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BDB AGENT CO** 5355 TOWN CENTER ROAD SUITE 900 BOCA RATON, FL 33486 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HERLEY, WADE T Name: Name: Address: 15751 PRENTISS POINTE #102 Address: City-St-Zip: FORT MYERS, FL 33908 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: HESSE, RYAN P Name: HESSE, RYAN P

Address:

City-St-Zip:

16110 FLAGG POND LANE

N. FORT MYERS, FL 33917 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WADE HERLEY MGRM 06/04/2007