2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2006
Secretary of State

DOCUMENT# L05000117665

Entity Name: NUTRITIONAL ASSURANCE LABORATORY, LLC

Current Principal Place of Business:

ONE S.E. THIRD AVE., SUITE 1940
MIAMI, FL 33131

New Principal Place of Business:

5194 WINDSOR PARKE DRIVE
BOCA RATON, FL 33496

Current Mailing Address:

ONE S.E. THIRD AVE., SUITE 1940
MIAMI, FL 33131

New Mailing Address:

5194 WINDSOR PARKE DRIVE
BOCA RATON, FL 33496

FEI Number: **FEI Number Applied For (X)** **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:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CARDAMONE, MICHAEL
Address: ONE S.E. THIRD AVE., SUITE 1940
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CARDAMONE, MICHAEL
Address: 5194 WINDSOR PARKE DRIVE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL CARDAMONE MGR 07/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date