2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006574

FILED Apr 28, 2008 Secretary of State

Entity Name: NUTRITION FOR THE BODY & SOUL, INC.

	Principal Place	of Business:	New Principal Place	of Business:	
	V. 80TH PLACE ID, FL 33076	Ē			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	/ 80TH PLACE ID, FL 33076				
FEI Number	: 65-1044984	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	of New Registered Agent:	
BAILEY-D	OWLING, AND	REA			
	/ 80TH PLACE ID, FL 33076	US			
	e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
	Electron	ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () DOWLING, JR., 12388 NW 80TH PARKLAND, FL	H PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
			T :0	() Change () Addition	
Vame: Address:	VD () BAILEY, LORET 1111 NW 55TH MIAMI, FL 3312	TERRACE	Title: Name: Address: City-St-Zip:	()	
Name: Address: City-St-Zip: Title: Name: Address:	BAILEY, LORE 1111 NW 55TH MIAMI, FL 3312	THA TERRACE 27 Delete NETTE STREET	Name: Address:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BAILEY, LORET 1111 NW 55TH MIAMI, FL 3312 STD () ROBINSON, AN 1029 NW 55TH MIAMI, FL 3312	THA TERRACE 27 Delete INETTE STREET 27 Delete ING, ANDREA H PLACE	Name: Address: City-St-Zip: Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: City-St-Zip:	BAILEY, LORET 1111 NW 55TH MIAMI, FL 3312 STD () ROBINSON, AN 1029 NW 55TH MIAMI, FL 3312 EXD () BAILEY-DOWLI 12388 NW 80TH PARKLAND, FL	THA TERRACE 27 Delete NETTE STREET 27 Delete ING, ANDREA H PLACE 33076 Delete LD H STREET	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA BAILEY-DOWLING EXD 04/28/2008