

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001014

FILED  
Feb 15, 2006  
Secretary of State

**Entity Name:** INSTITUTE FOR NUTRITION & BEHAVIORAL SCIENCES INC.

**Current Principal Place of Business:**

400 ALTON ROAD  
1506  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

400 ALTON ROAD  
1506  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLATKIN, CHARLES  
400 ALTON ROAD  
1506  
MIAMI BCH, FL 33139 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: D                      ( ) Delete  
Name: PLATKIN, CHARLES  
Address: 135 W. 20TH ST., 5TH FLOOR  
City-St-Zip: NEW YORK, NY 10011

Title: D                      ( ) Delete  
Name: CLIFFORD, CAREY  
Address: 135 W. 20TH ST., 5TH FLOOR  
City-St-Zip: NEW YORK, NY 10011

Title: D                      ( ) Delete  
Name: ABREU, MEREDITH  
Address: 135 W. 20TH ST., 5TH FLOOR  
City-St-Zip: NEW YORK, NY 10011

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: CHARLES STUART PLATKIN

DIRE

02/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date