

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006459

FILED  
Feb 28, 2006  
Secretary of State

**Entity Name:** ORGANIC NUTRITIONAL NOURISHMENT FOR MIND,BODY,SPIRIT AND THE PLANET. INC.

**Current Principal Place of Business:**

30200 OVERSEAS HWY.  
#6  
BIG PINE KEY, FL 33043 US

**New Principal Place of Business:**

P.O. BOX 430731  
MOBIL UNIT- MONROE COUNTY  
BIG PINE KEY, FL 33043 US

**Current Mailing Address:**

P.O BOX 430731 C/O PATRICK O. COLLINS  
BIG PINE KEY, FL 33043

**New Mailing Address:**

P.O BOX 430731  
BIG PINE KEY, FL 33043

FEI Number: 30-0325702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LADD, TERRY  
1445 BRENNER PARK DR.  
VENICE, FL 34292 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: DIR. ( ) Delete  
Name: COLLINS, PATRICK O  
Address: P.O. BOX 430731  
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: DIR. ( ) Delete  
Name: NINOT, ROBERT M  
Address: 564 W.SHORE DR.  
City-St-Zip: SUMMERLAND KEY, FL 33042 US

Title: DIR. ( ) Delete  
Name: GRETH, LARRI  
Address: 3654 COLLINS ST.  
City-St-Zip: SARASOTA, FL 34232 US

**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: PATRICK O. COLLINS

DIR

02/28/2006

Electronic Signature of Signing Officer or Director

Date