2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# N06000008317

Entity Name: NUTRI-BALANCE, INC.

Current Principal Place of Business:

308 NW 19 STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

308 NW 19 STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-5341297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WARD, RICHARD S
308 NW 19 STREET
HOMESTEAD, FL 33030 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: PS ( ) Delete
Name: WARD, STEPHANIE J
Address: 308 NW 19 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: VT ( ) Delete
Name: WARD, RICHARD S
Address: 308 NW 19 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: C ( ) Delete
Name: POUND, DAVID
Address: 301 CIVIC CT
City-St-Zip: HOMESTEAD, FL 33030

Title: ST ( ) Delete
Name: BENSON, FRAN
Address: 301 CIVIC CT
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete
Name: PEYTON, DAVID
Address: 301 CIVIC CT
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete
Name: BELL, LYNDA
Address: 301 CIVIC CT
City-St-Zip: HOMESTEAD, FL 33030

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:

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 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: STEPHANIE J WARD CEO 07/03/2007
Electronic Signature of Signing Officer or Director — Date