

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009246

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** INTERNATIONAL UNIVERSITY FOR NUTRITION EDUCATION, INC.

**Current Principal Place of Business:**

32565B GOLDEN LANTERN ST STE 140  
DANA POINT, CA 92629

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3287  
LA JOLLA, CA 92038

**New Mailing Address:**

**FEI Number:** 51-0179764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PACIFIC REGISTERED AGENTS, INC.  
5647 110TH AVE N  
ROYAL PALM BEACH, FL 33411 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  
**Name:** ASH, PAUL  
**Address:** PO BOX 3287  
**City-St-Zip:** LA JOLLA, CA 92038

**Title:** D  
**Name:** PAIGE, CHARLES  
**Address:** PO BOX 3287  
**City-St-Zip:** LA JOLLA, CA 92038

**Title:** D  
**Name:** KAY, ROBYNE  
**Address:** PO BOX 3287  
**City-St-Zip:** LA JOLLA, CA 92038

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL ASH

D

02/27/2012

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

\_\_\_\_\_  
Date