2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# P00000064014

Entity Name: SIESTA NUTRITION, INC.

Current Principal Place of Business:

6597 S. TAMIAMI TR.
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

6597 S. TAMIAMI TR.
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-1059791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERMAN, THOMAS E
4713 E. TRAILS DRIVE
SARASOTA, FL 34232 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERMAN, THOMAS E
Address: 5634 CREEKWOOD DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: V ( ) Delete
Name: SHIELDS, DORIS
Address: 1461 MAIN ST.
City-St-Zip: SARASOTA, FL 34236

Title: TS ( ) Delete
Name: HERMAN, ROCHELLE J
Address: 5634 CREEKWOOD DR.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HERMAN, THOMAS E
Address: 4713 E TRAILS DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: V (X) Change ( ) Addition
Name: SHIELDS, DORIS H
Address: 1461 MAIN ST.
City-St-Zip: SARASOTA, FL 34236

Title: TS (X) Change ( ) Addition
Name: SHIELDS, DORIS H TR
Address: 4713 E TRAILS
City-St-Zip: SARASOTA, FL 34232

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

SIGNATURE: DORIS H SHIELDS VP 04/20/2006

Electronic Signature of Signing Officer or Director Date