2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# P00000077336

Entity Name: NUTRITION HEADQUARTERS, INC.

Current Principal Place of Business:

P.O. BOX 402503
MIAMI BEACH, FL 33140

New Principal Place of Business:

3610 SAN SIMEON CIRCLE
WESTON, FL 33331

Current Mailing Address:

P.O. BOX 402503
MIAMI BEACH, FL 33140

New Mailing Address:

P.O. BOX 268525
WESTON, FL 33326

FEI Number: 65-1033953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZOBERG, BRIAN
P.O. BOX 402503
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

ZOBERG, BRIAN
3610 SAN SIMEON CIRCLE
WESTON, FL 33331 US

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: BRIAN ZOBERG 04/19/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: ZOBERG, BRIAN M MR.
Address: P.O. BOX 402503
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: ZOBERG, BRIAN M MR.
Address: P.O. BOX 268525
City-St-Zip: WESTON, FL 33326

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: BRIAN M ZOBERG CEO 04/19/2007
Electronic Signature of Signing Officer or Director Date