

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026733

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: NUTRITION SOLUTIONS OF FLORIDA INC.

## Current Principal Place of Business:

420 KLOSTERMAN RD.  
PALM HARBOR, FL 34683

## New Principal Place of Business:

## Current Mailing Address:

420 KLOSTERMAN RD.  
PALM HARBOR, FL 34683

## New Mailing Address:

FEI Number: 59-3703898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRAPANO, CINDY  
420 KLOSTERMAN RD.  
PALM HARBOR, FL 34683 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: TRAPANO, CINDY  
Address: 420 KLOSTERMAN RD.  
City-St-Zip: PALM HARBOR, FL 34683

Title: SD ( ) Delete  
Name: RICHMOND, LISA  
Address: 12824 ROYAL GEORGE AVE  
City-St-Zip: ODESSA, FL 33556

Title: TD ( ) Delete  
Name: YON CUTLER, DEANN  
Address: 5021 DEER LODGE RD  
City-St-Zip: NEW PORT RICHEY, FL 34653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: YON CUTLER, DEANNE  
Address: 5021 DEER LODGE RD  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: DEANNE YON CUTLER

TD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date