2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# P01000026733

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

OFFICERS AND DIRECTORS:

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

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

Title: TD
Name: YON CUTLER, DEANNE
Address: 1903 LORA MEADOWS COURT
City-St-Zip: SPRING, TX 77386

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

SIGNATURE: DEANNE YON CUTLER TD 03/15/2011

Electronic Signature of Signing Officer or Director Date