

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057302

FILED
Apr 30, 2009
Secretary of State

Entity Name: NUTRITION OUTREACH INTERNATIONAL, INC.

Current Principal Place of Business:

3243 OLEANDER AVE
FT. PIERCE, FL 34982

New Principal Place of Business:

923 LINCOLN AVE
STUART, FL 34994

Current Mailing Address:

P.O. BOX 12279
FT. PIERCE, FL 34979

New Mailing Address:

P.O. BOX 2620
STUART, FL 34995

FEI Number: 02-0579545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN-ALLEN, ROSLYN
3423 OLEANDER AVE.
3-A
FT. PIERCE, FL 34981 US

Name and Address of New Registered Agent:

DEAN-ALLEN, ROSLYN
923 LINCOLN AVE
STUART, FL 34994 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: _____

Electronic Signature of Registered Agent

04/30/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEAN-ALLEN, ROSLYN
Address: 3423 OLEANDER AVE. 3-A
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEAN-ALLEN, ROSLYN
Address: 923 LINCOLN AVE
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify 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: ROSLYN DEAN-ALLEN

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date