2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080942

Entity Name: PREMIUM NUTRITION, INC.

FILED Jan 14, 2005 Secretary of State

Current Principal Place of Business:

27200 RIVERVIEW CENTER BLVD., STE 109 BONITA SPRINGS, FL 34134

Current Mailing Address:

New Mailing Address:

New Principal Place of Business:

27200 RIVERVIEW CENTER BLVD., STE 109 BONITA SPRINGS, FL 34134

14634 INDIGO LAKES CIRCLE

NAPLES, FL 34119

FEI Number: 53-3743326

FEI Number Applied For ()

FEI Number Not Applicable ()

LEEBER, BRIAN

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEEBER, BRIAN 27200 RÍVERVIEW CENTER BLVD. STE. 109

BONITA SPRINGS, FL 34134 US

14634 INDIGO LAKES CIRCLE NAPLES, FL 34119

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:

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete

LEBBER, BRIAN Name: Address:

27200 RIVERVIEW CENTER BLVD., #109

City-St-Zip: BONITA SPRINGS, FL 34134

(X) Change () Addition Title:

LEBBER, BRIAN Name:

Address: 14634 INDIGO LAKES CIRCLE

City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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.

Ρ SIGNATURE: BRIAN LEEBER 01/14/2005