2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# P02000043038

Entity Name: NU-GEN NUTRITION, INC.

Current Principal Place of Business:

12524 SHORELINE DRIVE
SUITE 402H
WELLINGTON, FL 33414

New Principal Place of Business:

16232 INDIANWOOD CIRCLE
INDIANTOWN, FL 34956

Current Mailing Address:

12524 SHORELINE DRIVE
SUITE 402H
WELLINGTON, FL 33414

New Mailing Address:

16232 INDIANWOOD CIRCLE
INDIANTOWN, FL 34956

FEI Number: 04-3658188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARAS, JOHN
12524 SHORELINE DRIVE
SUITE 402H
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

MARAS, JOHN
16232 INDIANWOOD CIRCLE
INDIANTOWN, FL 34956 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: 03/10/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARAS, JOHN
Address: 12524 SHORELINE DRIVE, SUITE 402H
City-St-Zip: WELLINGTON, FL 33414

Title: V ( ) Delete
Name: MARAS, BARBARA
Address: 12524 SHORELINE DRIVE, SUITE 402H
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARAS, JOHN
Address: 16232 INDIANWOOD CIRCLE
City-St-Zip: INDIANTOWN, FL 34956

Title: V (X) Change ( ) Addition
Name: MARAS, BARBARA
Address: 16232 INDIANWOOD CIRCLE
City-St-Zip: INDIANTOWN, FL 34956

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 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: BARBARA L. MARAS V 03/10/2005
Electronic Signature of Signing Officer or Director — Date