

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061670

FILED
Jan 17, 2006
Secretary of State

Entity Name: SPECIALTY NUTRITION GROUP, INC.

Current Principal Place of Business:

ONE SOUTH OCEAN BOULEVARD
BOCA RATON, FL 33432

New Principal Place of Business:

ONE SOUTH OCEAN BOULEVARD
SUITE 300
BOCA RATON, FL 33432

Current Mailing Address:

ONE SOUTH OCEAN BLVD.
STE. 300
BOCA RATON, FL 33432

New Mailing Address:

ONE SOUTH OCEAN BLVD.
SUITE 300
BOCA RATON, FL 33432

FEI Number: 03-0455637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: P () Delete
Name: HORN, GREGORY T
Address: 2971 NE 27TH AVE.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: S (X) Delete
Name: HORN, LAURA L
Address: 2971 NE 27TH AVE.
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LORENZI, IRINA
Address: ONE SOUTH OCEAN BLVD. SUITE 300
City-St-Zip: BOCA RATON, FL 33432

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

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: IRINA LORENZI

P

01/17/2006

Electronic Signature of Signing Officer or Director

_____ Date