2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# P02000075536

Entity Name: NUTRITION AND HEALTH EDUCATION NETWORK, INC.

Current Principal Place of Business:

157 HARROGATE COURT
LONGWOOD, FL 32779

New Principal Place of Business:

601 N LAKESHORE BOULEVARD
HOWEY-IN-THE-HILLS, FL 34737

Current Mailing Address:

157 HARROGATE COURT
LONGWOOD, FL 32779

New Mailing Address:

601 N LAKESHORE BOULEVARD
HOWEY-IN-THE-HILLS, FL 34737

FEI Number: 82-0555278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELOACH, DONNA P
157 HARROGATE COURT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

DELOACH, DONNA P
601 N LAKESHORE BOULEVARD
HOWEY-IN-THE-HILLS, FL 34737 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: _____ 04/28/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: DELOACH, DONNA P
Address: 601 N LAKESHORE BOULEVARD
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

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: DONNA P. DELOACH PRES 04/28/2003
Electronic Signature of Signing Officer or Director — Date