2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P03000007599

Entity Name: EXTREMELY NATURAL NUTRITION, INC.

Current Principal Place of Business:

13608 S. VILLAGE DRIVE
SUITE 6205
TAMPA, FL 33618 US

New Principal Place of Business:

19416 HASKELL PL
LAND O LAKES, FL 34638 US

Current Mailing Address:

13608 S. VILLAGE DRIVE
SUITE 6205
TAMPA, FL 33618 US

New Mailing Address:

19416 HASKELL PL
LAND O LAKES, FL 34638 US

FEI Number: 16-1650438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATTHEWS, IAN M
13608 S. VILLAGE DRIVE
6205
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

MATTHEWS, IAN M
19416 HASKELL PL
LAND O LAKES, FL 34638 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: 04/25/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: MATTHEWS, IAN M
Address: 13608 S. VILLAGE DRIVE
City-St-Zip: TAMPA, FL 33618 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: MATTHEWS, IAN M
Address: 19416 HASKELL PL
City-St-Zip: LAND O LAKES, FL 34638 US

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: IAN MATTHEWS PSTD 04/25/2006
Electronic Signature of Signing Officer or Director — Date