## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000100792

Entity Name: NUTRI-PLUS CORP.

FILED Mar 23, 2006 Secretary of State

| Current Principal Place of Business:        |   |                                | New Principal Place                         | of Business:                                 |  |
|---|---|--------------------------------|---|--|--|
| 13876 SW<br>441<br>MIAMI, FL                |   |                                |   |  |  |
| Current Mailing Address:                    |   |                                | New Mailing Addres                          | s:   |  |
| 13876 SW<br>441<br>MIAMI, FL                |   |                                |   |  |  |
| FEI Number                                  | : 20-0382277                              | FEI Number Applied For ( )     | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of                                | Current Registered Agent:      | Name and Address of                         | of New Registered Agent:                     |  |
| 13876 SW<br>441<br>MIAMI, FL<br>The above   | 33175 US<br>named entity<br>e of Florida. |                                | ourpose of changing its registere           | d office or registered agent, or both,       |  |
|   |   | nic Signature of Registered Ag | ent   | Date   |  |
| Election Car                                | mpaign Financir                           | g Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                     |   |                                | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | HERNANDEZ,<br>PO BOX 6016                 |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | RODRIGUEZ,<br>PO BOX 6016                 |                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | HERNANDEZ,                                | TH ST SUITE # 441              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

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: MAYKEL HERNANDEZ RA 03/23/2006