2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100792

Entity Name: NUTRI-PLUS CORP.

FILED May 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 1406 NE 16TH TER
 2506 NW EMBERS TER

 CAPE CORAL, FL 33909
 CAPE CORAL, FL 33993

Current Mailing Address: New Mailing Address:

1406 NE 16TH TER 2506 NW EMBERS TER CAPE CORAL, FL 33909 CAPE CORAL, FL 33993

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 New Registered Agent:

HERNANDEZ, MAYKEL

1406 NE 16TH TER

CAPE CORAL, FL 33909 US

HERNANDEZ, MAYKEL

2506 NW EMBERS TER

CAPE CORAL, FL 33993 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: MAYKEL HERNANDEZ 05/07/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HERNANDEZ, HUMBERTO HERNANDEZ, HUMBERTO Name: Name: 1406 NE 16TTH TER 2506 NW EMBERS TER Address: Address: CAPE CORAL, FL 33993 City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip:

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 RODRIGUEZ, IDANIA
 Name:
 RODRIGUEZ, IDANIA

 Address:
 1406 NE 16TH TER
 Address:
 2506 NW EMBERS TER

 City-St-Zip:
 CAPE CORAL, FL 33909
 City-St-Zip:
 CAPE CORAL, FL 33993

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 HERNANDEZ, MAYKEL
 Name:
 HERNANDEZ, MAYKEL

 Address:
 1406 NE 16TH TER
 Address:
 PO BOX 150727

 City-St-Zip:
 CAPE CORAL, FL 33909
 City-St-Zip:
 CAPE CORAL, FL 33915

I hereby certify that the information supplied with this filing does not qualify 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: HUMBERTO HERNANDEZ DP 05/07/2009