

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90133 032 ***150.00

DOCUMENT # P04000005917 1. Entity Name NORTH STAR NUTRITION, INC.																																															
Principal Place of Business 4202 DEESON ROAD LAKELAND, FL 33810			Mailing Address 4202 DEESON ROAD LAKELAND, FL 33810																																												
2. Principal Place of Business 1523 BLACK FOREST DRIVE		3. Mailing Address 1523 BLACK FOREST DRIVE																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State LAKELAND, FLORIDA		City & State LAKELAND, FLORIDA		4. FEI Number 20-0840108																																											
Zip 33810		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent GRANT, GLENDA 4202 DEESON ROAD LAKELAND, FL 33810		7. Name and Address of New Registered Agent Name GRANT, GLENDA Street Address (P.O. Box Number is Not Acceptable) 1523 BLACK FOREST DRIVE City LAKELAND FL Zip Code 33810																																													
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>GLENDA GRANT</u> <i>Glenda Grant</i> 4-13-2006 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> DP GRANT, GLENDA 4202 DEESON ROAD LAKELAND, FL 33810 </td> <td style="width: 10%; padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> DP GRANT, GLENDA 1523 BLACK FOREST DRIVE LAKELAND, FL 33810 </td> <td style="width: 10%; padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> DVT MOORE, DEBBIE 4206 DEESON ROAD LAKELAND, FL 33810 </td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> DVT MOORE, DEBBIE 1523 BLACK FOREST DRIVE LAKELAND, FL 33810 </td> <td style="padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> S BROWN, DENISE 4202 DEESON ROAD LAKELAND, FL 33810 </td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> S BROWN, DENISE 1523 BLACK FOREST DRIVE LAKELAND, FL 33810 </td> <td style="padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DP GRANT, GLENDA 4202 DEESON ROAD LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE	DP GRANT, GLENDA 1523 BLACK FOREST DRIVE LAKELAND, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	DVT MOORE, DEBBIE 4206 DEESON ROAD LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE	DVT MOORE, DEBBIE 1523 BLACK FOREST DRIVE LAKELAND, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	S BROWN, DENISE 4202 DEESON ROAD LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE	S BROWN, DENISE 1523 BLACK FOREST DRIVE LAKELAND, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																															
SIGNATURE: <u><i>Glenda Grant</i></u> GLENDA GRANT 4-13-2006 (863)859-5084 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															