2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P04000023137

Entity Name: NUTRISOURCE USA, INC.

Current Principal Place of Business:

6920 SABLE RIDGE LN
NAPLES, FL 34109

New Principal Place of Business:

257 EGRET AVE.
NAPLES, FL 34108

Current Mailing Address:

6920 SABLE RIDGE LN
NAPLES, FL 34109

New Mailing Address:

257 EGRET AVE.
NAPLES, FL 34108

FEI Number: 20-0910367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHULER, JEFFREY
6920 SABLE RIDGE LN
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

SCHULER, JEFFREY G
257 EGRET AVE.
NAPLES, FL 34108 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: JEFFREY G. SCHULER 04/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSVT ( ) Delete
Name: SCHULER, JEFFREY
Address: 6920 SABLE RIDGE LN
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSVT (X) Change ( ) Addition
Name: SCHULER, JEFFREY G
Address: 257 EGRET AVE.
City-St-Zip: NAPLES, FL 34108

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: JEFFREY G. SCHULER P 04/27/2005
Electronic Signature of Signing Officer or Director Date