

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023137

Entity Name: NUTRISOURCE USA, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

257 EGRET AVE.
NAPLES, FL 34108

New Principal Place of Business:

995 PARTRIDGE CIRCLE #201
NAPLES, FL 34104

Current Mailing Address:

257 EGRET AVE.
NAPLES, FL 34108

New Mailing Address:

995 PARTRIDGE CIRCLE #201
NAPLES, FL 34104

FEI Number: 20-0910367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULER, JEFFREY G
257 EGRET AVE.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

SCHULER, JEFFREY G
995 PARTRIDGE CIRCLE #201
NAPLES, FL 34104 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 SCHULER

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSVT (X) Change () Addition
Name: SCHULER, JEFFREY G
Address: 995 PARTRIDGE CIRCLE #201
City-St-Zip: NAPLES, FL 34104

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: JEFFREY SCHULER

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04/30/2007

Electronic Signature of Signing Officer or Director

Date