2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2005
Secretary of State

DOCUMENT# P04000064812

Entity Name: NUTRALICIOUS INC.

Current Principal Place of Business:

1555 N.E. 121 STREET
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

1555 N.E. 121 STREET
S401
NORTH MIAMI, FL 33161 US

Current Mailing Address:

1555 N.E. 121 STREET
NORTH MIAMI, FL 33161 US

New Mailing Address:

1555 N.E. 121 STREET
S401
NORTH MIAMI, FL 33161 US

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

Name and Address of Current Registered Agent:

MASON, ANN THERESA
1555 N.E. 121 STREET
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: ANN MASON

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:

Title: P ( ) Delete
Name: MASON, ANN THERESA
Address: 1555 N.E. 121 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: VP ( ) Delete
Name: MASON, ANN THERESA
Address: 1555 N.E. 121 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: SEC ( ) Delete
Name: MASON, ANN THERESA
Address: 1555 N.E. 121 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: TRE ( ) Delete
Name: MASON, ANN THERESA
Address: 1555 N.E. 121 STREET
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANN MASON P 10/16/2005

Electronic Signature of Signing Officer or Director Date