

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064812

Entity Name: NUTRALICIOUS INC.

FILED
Apr 26, 2008
Secretary of State

Current Principal Place of Business:

JADE WINDS
316-2
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1680 NE 191ST
316-2
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number: 68-0594907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, ANN THERESA
1680 NE 191ST UNIT 316-2
NORTH MIAMI BEACH, FL 33179 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASON, ANN THERESA
Address: 1680 NE 191 UNIT 316-2
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP () Delete
Name: MASON, ANN THERESA
Address: 1680 NE 191ST UNIT 316-2
City-St-Zip: NORTH MIAIM BEACH, FL 33179 US

Title: SEC () Delete
Name: MASON, ANN THERESA
Address: 1680 NE 191ST UNIT 316-2
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: TRE () Delete
Name: MASON, ANN THERESA
Address: 1680 NE 191ST UNIT 316-2
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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 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: ANN MASON

P

04/26/2008

Electronic Signature of Signing Officer or Director

_____ Date