

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075408

FILED
Mar 21, 2008
Secretary of State

Entity Name: FAMILY NUTRITION & WELLNESS, INC.

Current Principal Place of Business:

4760 NORTH TAMIAMI TRAIL
SUITE 2
NAPLES, FL 34103

New Principal Place of Business:

1190 PINE RIDGE ROAD
SUITE 1
NAPLES, FL 34108

Current Mailing Address:

4760 NORTH TAMIAMI TRAIL
SUITE 2
NAPLES, FL 34103

New Mailing Address:

1190 PINE RIDGE ROAD
SUITE 1
NAPLES, FL 34108

FEI Number: 20-1104814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOON, GEORGE R
4760 NORTH TAMIAMI TRAIL
SUITE 2
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MOON, GEORGE R
1190 PINE RIDGE ROAD
SUITE 1
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: G. R. MOON

03/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MOON, GEORGE R DR
Address: 4760 TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103 US

Title: VP () Delete
Name: MOON, GEORGE R
Address: 4760 TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103 US

Title: SEC () Delete
Name: MOON, F W
Address: 4760 TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MOON, GEORGE R DR
Address: 1190 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34108 US

Title: VP (X) Change () Addition
Name: MOON, GEORGE R
Address: 1190 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34108 US

Title: SEC (X) Change () Addition
Name: MOON, F W
Address: 1190 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34108 US

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: G. R. MOON

PRES

03/21/2008

Electronic Signature of Signing Officer or Director

Date