

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089097

**FILED**  
**May 09, 2006**  
**Secretary of State**

**Entity Name:** ASK THE NUTRITIONIST, INC.

**Current Principal Place of Business:**

4230 SOUTH MACDILL AVENUE SUITE 203  
TAMPA, FL 33611

**New Principal Place of Business:**

4230 SOUTH MACDILL AVENUE SUITE 208  
TAMPA, FL 33611

**Current Mailing Address:**

4230 SOUTH MACDILL AVENUE SUITE 203  
TAMPA, FL 33611

**New Mailing Address:**

4230 SOUTH MACDILL AVENUE SUITE 208  
TAMPA, FL 33611

FEI Number: 20-1232970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZ, JENNIFER  
4230 SOUTH MACDILL AVENUE SUITE 203  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

KATZ, JENNIFER  
4230 SOUTH MACDILL AVENUE SUITE 208  
TAMPA, FL 33611 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/09/2006

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: D ( ) Delete  
Name: BRODER-KATZ, JENNIFER  
Address: 4230 SOUTH MACDILL AVENUE SUITE 203  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BRODER-KATZ, JENNIFER  
Address: 4230 SOUTH MACDILL AVENUE SUITE 208  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER BRODER-KATZ

D

05/09/2006

Electronic Signature of Signing Officer or Director

Date