

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000089097

FILED
Oct 31, 2006
Secretary of State**Entity Name:** ASK THE NUTRITIONIST, INC.**Current Principal Place of Business:**4230 SOUTH MACDILL AVENUE SUITE 208
TAMPA, FL 33611**New Principal Place of Business:**4700 N. HABANA AVE.
SUITE 502
TAMPA, FL 33614**Current Mailing Address:**4230 SOUTH MACDILL AVENUE SUITE 208
TAMPA, FL 33611**New Mailing Address:**4700 N. HABANA AVE.
SUITE 502
TAMPA, FL 33614**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 208
TAMPA, FL 33611 US**Name and Address of New Registered Agent:**KATZ, JENNIFER
4700 N. HABANA AVE.
SUITE 502
TAMPA, FL 33614 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

10/31/2006

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: BRODER-KATZ, JENNIFER
Address: 4230 SOUTH MACDILL AVENUE SUITE 208
City-St-Zip: TAMPA, FL 33611**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPST (X) Change () Addition
Name: BRODER-KATZ, JENNIFER
Address: 4700 N. HABANA AVE., SUITE 502
City-St-Zip: TAMPA, FL 33614**Title:** VP () Change (X) Addition
Name: KATZ, ADAM S MD
Address: 4700 N. HABANA AVE., SUITE 502
City-St-Zip: TAMPA, FL 33614

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

Electronic Signature of Signing Officer or Director

DPST

10/31/2006

Date