2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P04000092779

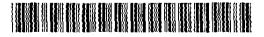
1. Entity Name
NUTRITION LABORATORIES, INC.

FILED Feb 23, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

519 CLEVELAND STREET, SUITE 101 CLEARWATER, FL 33756 519 CLEVELAND STREET, SUITE 101 CLEARWATER, FL 33756



 \Box

01202006

No Chg-P

CR2E034 (11/05)

4. FEI Number 14-1910466 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, GARY W 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756

SIGNATURE:

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	named entity submits this statement for the plans of registered agent.	urpose of changing its re	egistered office or	registered agent, or b	oth, in the State of Florida. 1 am familiar with, and accep	pt
SIGNATURE.	Signature, typed or printed name of registered agent and title t	applicable. (NOTE: F	Registered Apant signatur	e required when reinstating?	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000444283 03/06/06-80045-020 150.00	
10.	OFFICERS AND DIREC	TORS				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JOHANSSON, HAKAN 519 CLEVELAND STREET, SUITE 10 CLEARWATER, FL 33756	l				
TITLE NAME STREET ADDRESS CITY-ST-LIP	VSD JOHANSSON, GABRIELA 519 CLEVELAND STREET, SUITE 101 CLEARWATER, FL 33756					;
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS GTTY-ST-ZIP	····}					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the conchanged.	perify that the information supplied with this lift on this report or supplemental report is take a poration or the receiver or trustee empowerse, or on an attachment with an actions. with all	ing does not qualify for t nd accurate and that my to execute this report as other like empowered.	the exemptions co signature shall ha required by Char	ntained in Chapter 11 we the same legal effe oter 607, Florida Statul	 Florida Statutes. I further certify that the information act as if made under oath, that I am an officer or directoles; and that my name appears in Block 10 or Block 11 	il I