


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90054 029 \*\*\*150.00

<b>DOCUMENT # P04000092779</b>	
1. Entity Name <b>NUTRITION LABORATORIES, INC.</b>	

Principal Place of Business <b>519 CLEVELAND STREET, SUITE 101 CLEARWATER, FL 33756</b>	Mailing Address <b>519 CLEVELAND STREET, SUITE 101 CLEARWATER, FL 33756</b>
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**40029346**

2. Principal Place of Business - No P.O. Box # <b>2180 Calumet Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>2180 Calumet Street</b> Suite, Apt. #, etc.
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City & State <b>Clearwater, Florida</b>	City & State <b>Clearwater, Florida</b>
Zip <b>33765</b>	Country <b>USA</b>
Zip <b>33765</b>	Country <b>USA</b>



01122007 Chg-P CR2E034 (12/06)

4. FEI Number <b>14-1910466</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LYONS, GARY W 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JOHANSSON, HAKAN <input type="checkbox"/> Delete 519 CLEVELAND STREET, SUITE 101 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHANSSON, GABRIELA <input type="checkbox"/> Delete 519 CLEVELAND STREET, SUITE 101 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2180 Calumet Street Clearwater, Florida 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2180 Calumet Street Clearwater, Florida 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: _____	_____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # _____