2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000102777

Entity Name: NUTRITIONAL NETWORK INC.

FILED Oct 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

24 MICKLER BLVD 23 SENECA RD

ST. AUGUSTINE, FL 32080 SEA RANCH LAKES, FL 33308 US LIS

Current Mailing Address: New Mailing Address:

24 MICKLER BLVD 23 SENECA RD

ST. AUGUSTINE, FL 32080 US SEA RANCH LAKES, FL 33308 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

PACE, WILLIAM PACE, WILLIAM 24 MICKLER BLVD 23 SENECA RD

ST. AUGUSTINE, FL 32080 SEA RANCH LAKES, FL 33308 US 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: WILLIAM PACE 10/26/2005

> Electronic Signature of Registered Agent Date

> > Title:

Title:

Name:

Address:

City-St-Zip:

PRFS

SECR

PACE, WILLIAM

23 SENECA RD

(X) Change () Addition

(X) Change () Addition

SEA RANCH LAKES, FL 33308 US

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: PRFS () Delete PACE, WILLIAM Name:

24 MICKLER BLVD Address: City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: () Delete SECR

Name: RESEE RANDY

Address:

24 MICKLER BLVD

Name: RESEE, RANDY 23 SENECA RD Address:

ST. AUGUSTINE, FL 32080 US SEA RANCH LAKES, FL 33308 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM PACE **PRES** 10/26/2005

Electronic Signature of Signing Officer or Director

Date