

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102777

FILED  
May 08, 2008  
Secretary of State

Entity Name: NUTRITIONAL NETWORK INC.

## Current Principal Place of Business:

608 SUN DOWN CIR  
ST AUGUSTINE, FL 32080 US

## New Principal Place of Business:

23 SENECA RD  
FT LAUDERDALE, FL 33308 US

## Current Mailing Address:

608 SUN DOWN CIR  
ST AUGUSTINE, FL 32080 US

## New Mailing Address:

23 SENECA RD  
FT LAUDERDALE, FL 33308 US

FEI Number: 20-3584492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PACE, WILLIAM  
608 SUN DOWN CIR  
ST AUGUSTINE, FL 32080 US

## Name and Address of New Registered Agent:

PACE, WILLIAM  
23 SENECA RD  
FT LAUDERDALE, FL 33308 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: \_\_\_\_\_

05/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: PACE, WILLIAM  
Address: 608 SUN DOWN CIR  
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: SECR ( ) Delete  
Name: RESEE, RANDY  
Address: 608 SUN DOWN CIR  
City-St-Zip: ST AUGUSTINE, FL 32080 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: PACE, WILLIAM  
Address: 23 SENECA RD  
City-St-Zip: FT LAUDERDALE, FL 33308 US

Title: SECR (X) Change ( ) Addition  
Name: RESEE, RANDY  
Address: 23 SENECA RD  
City-St-Zip: FT LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM PACE

PRES

05/08/2008

Electronic Signature of Signing Officer or Director

Date