

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109112

Entity Name: REAL LIFE NUTRITION, INC.

FILED  
Feb 10, 2005  
Secretary of State

## Current Principal Place of Business:

4443 COUNTRY ROAD  
MELBOURNE, FL 32934

## New Principal Place of Business:

100 RIALTO PLACE  
SUITE 752  
MELBOURNE, FL 32901

## Current Mailing Address:

4443 COUNTRY ROAD  
MELBOURNE, FL 32934

## New Mailing Address:

100 RIALTO PLACE  
SUITE 752  
MELBOURNE, FL 32901

FEI Number: 20-1503398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEPHERD, TINA  
4443 COUNTRY ROAD  
MELBOURNE, FL 32934 US

## Name and Address of New Registered Agent:

SHEPHERD, TINA  
100 RIALTO PLACE  
SUITE 752  
MELBOURNE, FL 32901 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: TINA A. SHEPHERD

02/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPVP ( ) Delete  
Name: SHEPHERD, TINA  
Address: 4443 COUNTRY ROAD  
City-St-Zip: MELBOURNE, FL 32934

Title: ST ( ) Delete  
Name: SHEPHERD, TINA  
Address: 4443 COUNTRY ROAD  
City-St-Zip: MELBOURNE, FL 32934

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TINA A. SHEPHERD

DPVP

02/10/2005

Electronic Signature of Signing Officer or Director

Date