

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110558

FILED
Jul 21, 2005
Secretary of State

Entity Name: NUTRALAB RESEARCH INC

Current Principal Place of Business:

4911 FALLCREST CIRCLE
SARASOTA, FL 34233

New Principal Place of Business:

4911 FALLCREST CIRCLE
SARASOTA, FL 34233 US

Current Mailing Address:

4911 FALLCREST CIRCLE
SARASOTA, FL 34233

New Mailing Address:

4911 FALLCREST CIRCLE
SARASOTA, FL 34233 US

FEI Number: 02-0727995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHANSEN, THOR V
4911 FALLCREST CIRCLE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JOHANSEN, THOR V
Address: 4911 FALLCREST CIRCLE
City-St-Zip: SARASOTA, FL 34233 US

Title: CHMN () Delete
Name: JOHANSEN, UNNI V
Address: 4911 FALLCREST CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: SQUIRES, AARON C
Address: 2304 LARK LN
City-St-Zip: SARASOTA, FL 34238

Title: VP () Delete
Name: SELMER, BENJAMIN N
Address: ROYVEIEN 155
City-St-Zip: SKIEN, NO 3742 NO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CHMN (X) Change () Addition
Name: JOHANSEN, UNNI
Address: 4911 FALLCREST CIRCLE
City-St-Zip: SARASOTA, FL 34233 US

Title: VP (X) Change () Addition
Name: JOHANSEN, CHRISTOPHER D
Address: 4911 FALLCREST CIRCLE
City-St-Zip: SARASOTA, FL 34233 FL

Title: SECR (X) Change () Addition
Name: SELMER, BENJAMIN N VP
Address: ROYVEIEN 155
City-St-Zip: SKIEN, NO 3742 NO

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: THOR V JOHANSEN

PRES

07/21/2005

Electronic Signature of Signing Officer or Director

_____ Date