2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110558

Entity Name: NUTRALAB RESEARCH INC

FILED Feb 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4911 FALLCREST CIRCLE SARASOTA, FL 34233 **Current Mailing Address: 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: Name and Address of New Registered Agent: JOHANSEN, THOR V 4911 FALLCREST CIRCLE SARASOTA, FL 34233 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: PRFS (X) Change () Addition Name: JOHANSEN, THOR V Name: JOHANSEN, THOR V PRES 4911 FALLCREST CIRCLE 4911 FALLCREST CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34233 US City-St-Zip: SARASOTA, FL 34233 US Title: CHRM (X) Change () Addition Title: CHMN () Delete JOHANSEN, UNNI JOHANSEN, UNNI CHRMN Name: Name: 4911 FALLCREST CIRCLE 4911 FALLCREST CIRCLE Address: Address: SARASOTA, FL 34233 US SARASOTA, FL 34233 US City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition JOHANSEN, CHRISTOPHER D JOHANSEN, CHRISTOPHER VF Name: Name: 4911 FALLCREST CIRCLE 4911 FALLCREST CIRCLE Address: Address: SARASOTA, FL 34233 FL City-St-Zip: SARASOTA, FL 34233 FL City-St-Zip: Title: SECR () Delete Title: VΡ (X) Change () Addition SELMER, BENJAMIN N VP PETERSON, RUSSELL V SR VP Name: Name: Address: **ROYVEIEN 155** Address: 748 WEST 1650 NORTH City-St-Zip: SKIEN, NO 3742 NO City-St-Zip: OREM. UT 84057 US Title: Title: () Change (X) Addition () Delete MARTINEZ, CHASIC VP Name: Name: 2715 SAFE HARBOR DRIVE Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34231 Title: () Delete Title: () Change (X) Addition Name: Name: SQUIRES, EVELYN VP 2027 IVY PLACE Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34235

I hereby certify that the information supplied with this filing does not qualify for the 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: THOR V JOHANSEN PRES 02/02/2006