

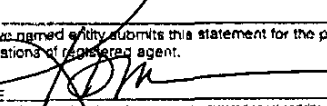
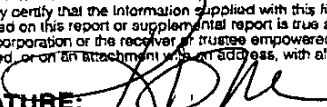
FROM : CARROLLWOOD ACCOUNTING

PHONE NO. : 813 935 1804

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90047 029 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000117787			
1. Entity Name ORTHOMOLECULAR NUTRITION AND WEIGHT MANAGEMENT, INC.			
Principal Place of Business 12400 101ST STREET N. LARGO, FL 33773		Mailing Address 12400 101ST STREET N. LARGO, FL 33773	
2. Principal Place of Business 12126 Seminole Blvd.		3. Mailing Address 12126 Seminole Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Largo, FL		City & State Largo, FL	
Zip 33778		Zip 33778	
Country Pinellas		Country Pinellas	
02022005 Chg-P CR2E034 (10/03)		4. FEI Number 743136746	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCABE, KATHRYN D 12400 101ST STREET N. LARGO, FL 33773		7. Name and Address of New Registered Agent Name McCabe, Kathryn D. Street Address (P.O. Box Number is Not Acceptable) 12126 Seminole Blvd. City Largo FL Zip Code 33778	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 22 Feb 05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCABE, KATHRYN D 12400 101ST STREET N. LARGO, FL 33773 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McCabe, Kathryn D. 12126 Seminole Blvd. Largo, FL 33778 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCABE, PATRICK W 12400 101ST STREET N. LARGO, FL 33773 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment, with all other like empowered.			
SIGNATURE: 		DATE 22 Feb 05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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