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.

50018872

Principal Place of Business	Mailing Address
12400 101ST STREET N. LARGO, FL 33773	12400 101ST STREET N. LARGO, FL 33773

02022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12126 Seminole Blvd.	12126 Seminole Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, FL	City & State: Largo, FL
Zip: 33778 Country: Pinellas	Zip: 33778 Country: Pinellas

4. FEI Number 743136746 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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 [signature] 22 Feb 05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 an address, with all other like empowered.

SIGNATURE: [signature] 22 Feb 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #