


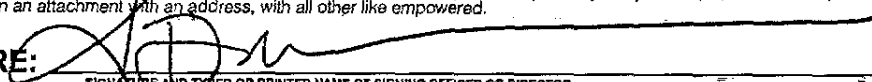


**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000117787</b>			
1. Entity Name <b>ORTHOMOLECULAR NUTRITION AND WEIGHT MANAGEMENT, INC.</b>		<b>Feb 09, 2006 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business <b>12126 SEMINOLE BLVD LARGO, FL 33778</b>		Mailing Address <b>12126 SEMINOLE BLVD LARGO, FL 33778</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01312006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>74-3136746</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MCCABE, KATHRYN D 12126 SEMINOLE BLVD LARGO, FL 33778</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MCCABE, KATHRYN D 12126 SEMINOLE BLVD LARGO, FL 33778	<b>DO NOT WRITE IN THIS SPACE</b>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date _____ Daytime Phone # _____	