## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000162467

Entity Name: NUTRICHEM MARKETING, INC

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1092 PINEHURST RD DUNEDIN, FL				1675 CINNAMON LANE DUNEDIN, FL		
Current Mailing Address:			New Mailing Address:			
1092 PINE DUNEDIN	EHURST RD I, FL					
FEI Number: 59-3728773 FEI Number Applied For ( )		FEI Number Not Applicable ( ) Certificate of Status Desired ( )				
Name and	d Address of C	Surrent Registered Agent:	Name and	Address of New Registered Agent:		
DUNEDIN	NAMON LN I, FL 34698	US submits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,		
	e of Florida.	and the statement of the par	, paga an ananging n			
SIGNATU	RE:					
	Electror	ic Signature of Registered Agen	t	Date		
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Fitle: Name: Address: City-St-Zip:	PS ( ) MCCOY, PAUL 1675 CINNAMO DUNEDIN, FL (	N LN	Title: Name: Address: City-St-Zip:	() Change () Addition		
Fitle: Name: Address: City-St-Zip:	VT () MCCOY, SHEIL 1675 CINNAMO DUNEDIN, FL	N LN	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Fitle: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	EXCV ( ) Change (X) Addition MCCOY, SHAWN P 2065 RED CEDAR LANE EAST CLEARWATER, FL 33763		
Fitle: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	EXCV () Change (X) Addition MCCOY, KATIE A 236 SUMMERSET CIRCLE NORTH DUNEDIN, FL 34698		

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: PAUL E MCCOY JR PRES 04/19/2006