

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079296

FILED
Apr 27, 2006
Secretary of State

Entity Name: NUTRITION & HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

7277 - 18TH STREET NE
ST. PETERSBURG, FL 33702

New Principal Place of Business:

6250 KIPPS COLONY COURT S.
#203
GULFPORT, FL 33707

Current Mailing Address:

7277 - 18TH STREET NE
ST. PETERSBURG, FL 33702

New Mailing Address:

6250 KIPPS COLONY COURT S.
#203
GULFPORT, FL 33707

FEI Number: 20-2943946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D & B CORPORATE SERVICES, INC.
5999 CENTRAL AVENUE
SUITE 202
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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:

Title: P/D () Delete
Name: STUBBLEFIELD, GINNY A
Address: 7277 - 18TH STREET NE
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: STUBBLEFIELD, GINNY A
Address: 6250 KIPPS COLONY COURT S. #203
City-St-Zip: GULFPORT, FL 33707

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: GINNY STUBBLEFIELD

P/D

04/27/2006

Electronic Signature of Signing Officer or Director

Date