

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079296

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** NUTRITION & HEALTH MANAGEMENT, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

480 CAPRI WAY NE  
ST PETERSBURG, FL 33704

**Current Mailing Address:**

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

**New Mailing Address:**

480 CAPRI WAY NE  
ST PETERSBURG, FL 33704

**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:**

ALEXANDER & ASSOCIATES  
4422 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710 US

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: PETER ALEXANDER

04/22/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: STUBBLEFIELD, GINNY A  
Address: 480 CAPRI WAY  
City-St-Zip: ST PETERSBURG, FL 33704

I hereby certify that the information supplied with this filing does not qualify 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 A STUBBLEFIELD

P/D

04/22/2008

Electronic Signature of Signing Officer or Director

Date