

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081971

FILED
May 13, 2006
Secretary of State

Entity Name: NUTRITIONAL PRODUCTS COMPANY

Current Principal Place of Business:

1536 SW 5TH AVENUE
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1536 SW 5TH AVENUE
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-3132130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, NATHAN
1650 S DIXIE HWY SUITE 200
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

KOTLER, MICHAEL I
54 SW BOCA RATON BLVD
BOCA RATON, FL 33432 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: MICHAEL I. KOTLER

05/13/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOULD, MITCH
Address: 1536 SW 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: GOULD, SHERRY
Address: 1536 SW 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOULD, SHERRY
Address: 1536 SW 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

Title: O (X) Change () Addition
Name: GOULD, MITCH
Address: 1536 SW 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

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: SHERRY GOULD

D

05/13/2006

Electronic Signature of Signing Officer or Director

Date