

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000138742

1. Entity Name
NUTZ R US, INC.



Principal Place of Business
4639 N. VALLEY TERRACE
BEVERLY HILLS, FL 34465

Mailing Address

4639 N. VALLEY TERRACE
BEVERLY HILLS, FL 34465

FILED
Apr 04, 2008 08:00 AM
Secretary of State



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0628776	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOUTHER, MICHAEL D.
4639 N. VALLEY TERRACE
BEVERLY HILLS, FL 34465

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

0000000881789

04/16/08-80015-004 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME SOUTHER, MICHAEL D.
STREET ADDRESS 4639 N. VALLEY TERRACE
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE D
NAME SOUTHER, COLLEEN A.
STREET ADDRESS 4639 N. VALLEY TERRACE
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Colleen A. Souther* Colleen A. Souther

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08 (352)527-8564

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**