2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098204

Entity Name: NUTRITION COACH, INC.

FILED Jan 28, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
6560 WEST ROGERS CIRCLE			6530 WEST ROGERS CIRCLE	
SUITE 28 BOCA RATON, FL 33487		SUITE 28 BOCA RATON, FL 33	BOCA RATON, FL 33487	
Current M	ailing Address:	New Mailing Addres	New Mailing Address:	
6560 WEST ROGERS CIRCLE SUITE 28 BOCA RATON, FL 33487		SUITE 28	6530 WEST ROGERS CIRCLE SUITE 28 BOCA RATON, FL 33487	
DOCA RA	10N, FL 3346/	BOCA RATON, FL. 3.	040 <i>1</i>	
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
APT # 608	CEAN BLVD			
	named entity submits this statement for the e of Florida.	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered A	gent	Date	
Election Car	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MS () Delete KORITZ, JULIANNE 4505 S OCEAN BLVD # 608 HIGHLAND BEACH, FL 33487	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JULIANNE KORITZ MS 01/28/2008