


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2007 8:00 am
Secretary of State

04-09-2007 90059 006 ***150.00

DOCUMENT # P06000103302 1. Entity Name NUTINFITS, INC.																													
Principal Place of Business 12794 W. FOREST HILL BLVD., STE. 5 WELLINGTON FL 33414			Mailing Address 12794 W. FOREST HILL BLVD., STE. 5 WELLINGTON FL 33414																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 342066579																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent LAHAM, EZRA J. 1412 MYSTIC CT. WELLINGTON FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 15%; padding: 2px;">P</td> <td style="width: 40%; padding: 2px;">NAME</td> <td style="width: 15%; padding: 2px;">Delete <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td style="padding: 2px;">LAHAM, FLORIDA S.</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td style="padding: 2px;">1412 MYSTIC CT. WELLINGTON FL 33414</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 15%; padding: 2px;">Delete <input type="checkbox"/></td> <td style="width: 40%; padding: 2px;">NAME</td> <td style="width: 15%; padding: 2px;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	P	NAME	Delete <input type="checkbox"/>	STREET ADDRESS		LAHAM, FLORIDA S.		CITY - ST - ZIP		1412 MYSTIC CT. WELLINGTON FL 33414		TITLE	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													