

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124473

Entity Name: NUTRUVIA WELLNESS, INC.

FILED
Mar 26, 2007
Secretary of State

Current Principal Place of Business:

200 S. ANDREWS AVENUE, SUITE 5C
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

200 S. ANDREWS AVENUE, SUITE 5C
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

200 S. ANDREWS AVENUE, SUITE 5C
FORT LAUDERDALE, FL 33301

New Mailing Address:

200 S. ANDREWS AVENUE, SUITE 5C
FORT LAUDERDALE, FL 33301 US

FEI Number: 20-5558107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEICH, CRAIG A
200 S. ANDREWS AVENUE, SUITE 5C
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: DE FILIPPO, ANTONIO F MD
Address: 200 S. ANDREWS AVENUE, SUITE 5C
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: CRAIG TEICH

CEO

03/26/2007

Electronic Signature of Signing Officer or Director

Date