## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000043046

Name:

Address:

City-St-Zip:

Entity Name: NUBRITE INC. PROTECTIVE COATING & PAINTING

FILED Jul 10, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11310 SOUTH ORANGE BLOSSOM TRAIL				11310 SOUTH ORANGE BLOSSOM TRAIL		
#129 ORLANDO, FLORIDA, 32837				ORLANDO, FL 32837		
Current Mailing Address:				New Mailing Address:		
	1310 SOUTH ORANGE BLOSSOM TRAIL			11310 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837		
#129 ORLANDO	D, FL 32837	US		ORLANDO	, FL 32837	
FEI Number	: 14-1994464	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WILLIAMS, BRYANT 11310 SOUTH ORANGE BLOSSOM TRAIL #129 ORLANDO, FL 32837 US					JTH ORANG	E BLOSSOM TRAIL US
	e named entity e of Florida.	v submits this statement for the p	ourpose o	f changing i	ts registered	office or registered agent, or both,
SIGNATURE:				07/10/2008		
	Electro	onic Signature of Registered Age	ent			Date
		93(2)(b), F.S., the corporation did no	t receive t	he prior notic	e.	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	WILLIAMS, M	HORANGE BLOSSOM TRAIL #129		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	WILLIAMS, B	HORANGE BLOSSOM TRAIL #129		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	OM ( WILLIAMS, B FELTON RD MEMPHIS, TN			Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title:	(	) Delete		Title:	Р (	) Change (X) 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.

Name:

Address:

City-St-Zip:

WILLIAMS, BRYANT

ORLANDO, FL 32837

11310 S. ORANGE BLOSSOM TRAIL

SIGNATURE: BRYANT WILLIAMS P 07/10/2008