2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 15, 2008 8:00 am Secretary of State **DOCUMENT # P07000055304** 02-15-2008 90010 048 ***150.00 1. Entity Name NUTRITION DIALOG, INC. Principal Place of Business Mailing Address 2108 OCEANVIEW DRIVE 2108 OCEANVIEW DRIVE TIERRA VERDE, FL. 33715 TIERRA VERDE, FL 33715 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 30-0461855 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIEFFER, JON C Street Address (P.O. Box Number is Not Acceptable) 6670 FIRST AVENUE SOUTH ST PETERSBURG, FL 33707 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) , . DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, ☐ Delete TITLE ☐ Change — ☐ Addition TITLE RUGGIERO, CHRISTINA NAME NAME STREET ADDRESS 2108 OCEANVIEW DRIVE STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP TITLE . ☐ Delete TIPLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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

TITLE

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CITY-ST-7IP TITLE

CITY-ST-ZIP

NAME

SIGNATURE:

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TITLE

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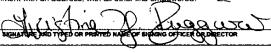
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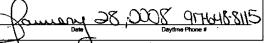
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