

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000056397

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** NUTRA-AIRE OF NORTH ORLANDO INC.

**Current Principal Place of Business:**

983 LAGOON DR  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

983 LAGOON DR  
OVIEDO, FL 32765 US

**New Mailing Address:**

PO BOX 181702  
CASSELBERRY, FL 327718 US

**FEI Number:** 59-3192015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BOOTH, KENNETH E JR  
983 LAGOON DRIVE  
32765O, FL 32746 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALTIZER, NOEL B  
Address: 983 LAGOON DRIVE  
City-St-Zip: OVIEDO, FL 32765

Title: ST  
Name: BOOTH, HEATHER B.  
Address: 983 LAGOON DRIVE  
City-St-Zip: OVIEDO, FL 32765

Title: VP  
Name: JEFFERY, ALIIZER  
Address: 983 LAGOON DR  
City-St-Zip: OVIEDO, FL 32765

Title: VP  
Name: BOOTH, KENNETH E  
Address: 983 LAGOON DRIVE  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: KENNETH E. BOOTH JR.

VP

04/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date