2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# P95000048096

Entity Name: TOTAL NUTRITION CENTER, INC.

Current Principal Place of Business:

1530 MCMULLIN BOOTH RD
SUITE D-10
CLEARWATER, FL 33759 US

New Principal Place of Business:

5009 QUILL CT.
PALM HARBOR, FL 34685 US

Current Mailing Address:

1530 MCMULLIN BOOTH RD
SUITE D-10
CLEARWATER, FL 33759 US

New Mailing Address:

5009 QUILL CT.
PALM HARBOR, FL 34685 US

FEI Number: 59-3316641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAKIMIAN, GARY E
1530 MCMULLIN BOOTH RD
SUITE D-10
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

HAKIMIAN, GARY E
5009 QUILL CT.
PALM HARBOR, FL 34685 US

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: GARY E. HAKIMIAN 04/12/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAKIMIAN, GARY E
Address: 1530 MCMULEN BOOTH RD, D-10
City-St-Zip: CLEARWATER, FL 33759

Title: SD ( ) Delete
Name: HAKIMIAN, MAUREEN K
Address: 1530 MCMULLEN BOOTH RD, D-10
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HAKIMIAN, GARY E
Address: 5009 QUILL CT.
City-St-Zip: PALM HARBOR, FL 34685

Title: SD (X) Change ( ) Addition
Name: HAKIMIAN, MAUREEN K
Address: 5009 QUILL CT.
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY E. HAKIMIAN PRES 04/12/2005
Electronic Signature of Signing Officer or Director Date