


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90137 005 ***150.00

DOCUMENT # P96000000024					
1. Entity Name NUTRITION WISE, INC.					
Principal Place of Business 150 N U.S. HIGHWAY 1 TEQUESTA, FL 33469		Mailing Address 150 N U.S. HIGHWAY 1 TEQUESTA, FL 33469			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0630274	Applied For Not Applicable
	<i>Palm Beach</i>		<i>Palm Beach</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COHEN, CHERYL 33 TALL OAKS CIRCLE TEQUESTA, FL 33469			Name <i>Cheryl Cohen Denbrink</i> Street Address (P.O. Box Number is Not Acceptable) <i>323 Leigh Road</i> City <i>Tequesta</i> FL Zip Code <i>33469</i>		
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 the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, CHERYL A 33 TALL OAK CIRCLE JUPITER, FL 33469		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<i>Just married Cheryl Cohen Denbrink 323 Leigh Road Tequesta FL 33469</i>				
12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Cheryl A Denbrink</i>				Date: <i>3-15-06</i> Daytime Phone #: <i>561 747 1818</i>	

20017596



03152006 Chg-P CR2E034 (11/05)

Just married