


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000019952</b> 1. Entity Name ORTHO-MED NUTRITION, INC.	
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Principal Place of Business 1300 SW 27TH AVE. MIAMI, FL 33145	Mailing Address 1300 SW 27TH AVE. SUITE 601 MIAMI, FL 33145
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<b>DO NOT WRITE IN THIS SPACE</b>
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03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0653621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SOLER, MARIO A 1300 SW 27TH AVE. MIAMI, FL 33145
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, TERESA 3450 S.W. 8TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALZUGARAY, MANUEL 2340 S.W. 22ND STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCON, DIEGO 711 N.W. 23RD AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRIL, ALEXIS 2601 S.W. 37TH AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLER, MARIO A 1300 S.W. 27TH AVENUE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000696697 04/18/07-80007-025 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.
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<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3-20-07</b> <small>Daytime Phone #</small>
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