

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000081783

1. Entity Name
NUTRITION 3000, INC.



Principal Place of Business
**519 CLEVELAND ST
#101
CLEARWATER, FL 33755 US**

Mailing Address
**519 CLEVELAND ST
#101
CLEARWATER, FL 33755 US**



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3447637** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LYONS, GARY
311 S. MISSOURI AVENUE
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be
Added to Fees

000000471296
03/28/06-80047-025 150.00

10. OFFICERS AND DIRECTORS

TITLE **DC**
NAME **OLALDE, JOSE**
STREET ADDRESS **519 CLEVELAND ST #101**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **DPST**
NAME **GENTSCH, DIETRICH K**
STREET ADDRESS **519 CLEVELAND ST #101**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **D**
NAME **GENTSCH, MARJORIE**
STREET ADDRESS **519 CLEVELAND ST #101**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE
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IN THIS SPACE**

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: **J. KLAUS GENTSCH** **3/14/2006** **787 370 4005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #