

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100280

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

**Entity Name:** NUTRITION & HEALTH EDUCATOR, INC.

**Current Principal Place of Business:**

1539 HEIGHTS BLVD,  
SUITE-2  
HOUSTON, TX 77008

**New Principal Place of Business:**

8311 MOSSDALE CIRCLE  
SPRING, TX 77379

**Current Mailing Address:**

1539 HEIGHTS BLVD,  
SUITE-2  
HOUSTON, TX 77008

**New Mailing Address:**

15814 CHAMPION FOREST DRIVE  
#134  
SPRING, TX 77379

**FEI Number:** 59-3484336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANGELA, GANTT CPA  
3359 WEST VINE STREET  
SUITE 104  
KISSIMMEE, FL 34741 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** CHAUVIN, DIANA C  
**Address:** 1539 HEIGHTS BLVD,  
**City-St-Zip:** HOUSTON, FL 77008

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** CHAUVIN, DIANA C  
**Address:** 8311 MOSSDALE CIRCLE  
**City-St-Zip:** SPRING, TX 77379

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** DIANA C CHAUVIN

P

04/17/2009

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

\_\_\_\_\_  
Date