


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000038088	
1. Entity Name OLIVE LEAVES NUTRITION & CONSULTATION CENTER, INC.	

Principal Place of Business 634 W 23RD STREET PANAMA CITY, FL 32405 US	Mailing Address 505 PARKWOOD DRIVE PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3572229	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KENAWY, AHMED 505 PARKWOOD DRIVE PANAMA CITY, FL 32405	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000380886 04/16/05-80015-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENAWY, AHMED 505 PARKWOOD DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENAWY, FADIA 505 PARKWOOD DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENAWY, AYMEN 505 PARKWOOD DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>A. V. Kenawy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/15/04</u> Daytime Phone # <u>850 763 8891</u>