
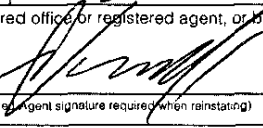


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90330 022 ***158.75

DOCUMENT # P99000072586 1. Entity Name LIFE NUTRITIONALES, INC.					
Principal Place of Business 8985 NE 134TH AVENUE, STE A LADY LAKE, FL			Mailing Address 8985 NE 134TH AVENUE, STE A LADY LAKE, FL		
2. Principal Place of Business 1501 US HWY 441 NORTH Suite, Apt. #, etc. SUITE 1704		3. Mailing Address 1501 US HWY 441 NORTH Suite, Apt. #, etc. SUITE 1704			
City & State THE VILLAGES, FLORIDA		City & State THE VILLAGES, FLORIDA		4. FEI Number 59-3593490	
Zip 32159		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, PHILLIP S 1000 WEST MAIN STREET LEESBURG, FL 34749			7. Name and Address of New Registered Agent Name NELSON KRAUCAK Street Address (P.O. Box Number is Not Acceptable) 1501 US HWY 441 NORTH, SUITE 1704 City THE State FL Zip Code		
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 NELSON KRAUCAK MD.  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P KRAUCAK, NELSON 8985 NE 134TH AVENUE, STE A LADY LAKE, FL 32159 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAUCAK, NELSON 11265 SE SUNSET HARBOR RD. SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, MARIVIC MD 8985 NE 134TH AVE STE C LADY LAKE, FL 32519 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLA MARIVIC 11265 SE SUNSET HARBOR RD. SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: NELSON KRAUCAK MD			Date 4/5/04 Daytime Phone (352) 750-4333		