2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S34881

Entity Name: NATURE'S NUTRITION, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

6425 ANDERSON WAY 335 S. PLUMOSA STREET MELBOURNE, FL 32940 US

SUITE A

MERRITT ISLAND, FL 32952 US

Current Mailing Address: New Mailing Address:

7795 CORPORATE BOULEVARD 6425 ANDERSON WAY MELBOURNE, FL 32940 US

SUITE B

PLAIN CITY, OH 43064 US

FEI Number: 65-0301895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CORBITT, TOM R CEO 102 WEST REINDEER DRIVE CORBITT, TOM R CEO 7795 CORPORATE BOULEVARD POWELL OH, FL 43065 SUITE B PLAIN CITY, FL 43064 US

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: TOM R. CORBITT 04/27/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: CFO (X) Change () Addition

CORBITT, TOM R Name: Name: CORBITT, TOM R

102 WEST REINDEER DRIVE 7795 CORPORATE BOULEVARD, SUITE B Address: Address:

City-St-Zip: POWELL, OH 43065 City-St-Zip: PLAIN CITY, OH 43064

Title: Title: () Delete (X) Change () Addition CORBITT, DEE Name: Name: CORBITT, DEE

102 WEST REINDEER DRIVE 7795 CORPORATE BOULEVARD, SUITE B Address: Address:

POWELL, OH 43065 PLAIN CITY, OH 43064 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition SEC

Name: WEST, JAYNE Name:

7795 CORPORATE BOULEVARD, SUITE B Address: Address:

City-St-Zip: City-St-Zip: PLAIN CITY, OH 43064

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: DEE CORBITT **PRES** 04/27/2009