

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02035

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Entity Name:** NUTRITIONAL AWARENESS, INC.

**Current Principal Place of Business:**

8988 TAFT STREET  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

8972 TAFT STREET  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

8988 TAFT STREET  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

8972 TAFT STREET  
PEMBROKE PINES, FL 33024

FEI Number: 65-0300542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEHN, PATRICIA  
8988 TAFT STREET  
PEMBROKE PINES, FL 33024 US

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

WEHN, PATRICIA  
8972 TAFT STREET  
PEMBROKE PINES, FL 33024 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: \_\_\_\_\_

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WEHN, PATRICIA,  
Address: 8988 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DST ( ) Delete  
Name: WEHN, SAMUEL,  
Address: 8988 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

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

Title: DP (X) Change ( ) Addition  
Name: WEHN, PATRICIA,  
Address: 8972 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DST (X) Change ( ) Addition  
Name: WEHN, SAMUEL,  
Address: 8972 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA WEHN

PRES

04/18/2005

Electronic Signature of Signing Officer or Director

Date