


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90055 026 ***150.00

DOCUMENT # V13616 1. Entity Name NUTRINA COMPANY, INCORPORATED					
Principal Place of Business 519 CLEVELAND ST 101 CLEARWATER, FL 33755 US			Mailing Address 519 CLEVELAND ST 101 CLEARWATER, FL 33755 US		
2. Principal Place of Business - No P.O. Box # 2180 Calumet Street Suite, Apt. #, etc.		3. Mailing Address 2180 Calumet Street Suite, Apt. #, etc.			
City & State Clearwater, Florida		City & State Clearwater, Florida		4. FEI Number 59-3114941	
Zip 33765	Country USA	Zip 33765	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYONS, GARY W 311 S. MISSOURI AVE CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	C JOHANSON, HAKAN W. <input type="checkbox"/> Delete 519 CLEVELAND STREET 101 CLEARWATER, FL 33755		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHANSSON, HAKAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2180 Calumet Street Clearwater Florida 33765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHANSON, GABRIELA <input type="checkbox"/> Delete 519 CLEVELAND ST 101 CLEARWATER, FL 33755		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHANSSON, GABRIELA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2180 Calumet Street Clearwater, Florida 33765	
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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 exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/19/07 Daytime Phone # _____		