I hereby 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

VP

above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS SMITH III

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT	
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DOCUMENT# P1000000537

Entity Name: T3 NUTRITION INCORPORATED

Current Principal Place of Business:

6161 NW 57TH CT 212 TAMARAC, FL 33319

Current Mailing Address:

7514 SW 7TH CT NORTH LAUDERDALE, FL 33068 US

FEI Number: 27-1463848

Name and Address of Current Registered Agent:

SMITH, THOMAS SIII 1649 ASHMORE GREEN DR JACKSONVILLE, FL 32246 US Certificate of Status Desired: No

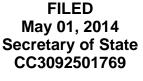
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	V
Name	SMITH, THOMAS SII	Name	SMITH, THOMAS SIII
Address	6161 NW 57 CT.#212	Address	1649 ASHMORE GREEN DR.
City-State-Zip:	TAMARAC FL 33314	City-State-Zip:	JACKSONVILLE FL 32246



Date

05/01/2014 Date