


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar-23, 2005 08:00 AM
Secretary of State

DOCUMENT # 611139
 1. Entity Name
 NATURE'S ARTIFACTS, INC.



Principal Place of Business: 17575 S.W. 170 ST. MIAMI, FL 33187
 Mailing Address: 17575 S.W. 170 ST. MIAMI, FL 33187

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1941482 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BOYER, ROBERT
 17575 S.W. 170 ST.
 MIAMI, FL 33187

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOYER, ROBERT
STREET ADDRESS	17575 SW 170 ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	S
NAME	BOYER, DOREEN
STREET ADDRESS	17575 SW 170 ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	POST, BEVERLY
STREET ADDRESS	17575 SW 170 ST
CITY - ST - ZIP	MIAMI, FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Boyer Pres.* 3-19-05 305 251 7207
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #