


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 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 P.O. BOX 770823 MIAMI, FL 33177
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02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1941482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYER, ROBERT 17575 SW 170 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYER, DOREEN 17575 SW 170 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POST, BEVERLY 17575 SW 170 ST MIAMI, FL 33187
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 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: Robert Boyer Pres. 2-22-07 305-251-7207 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #