

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028522

FILED
Apr 03, 2005
Secretary of State

Entity Name: NATURAL HEALING SOLUTIONS, LLC

Current Principal Place of Business:

261 GLENBRIAR CIRCLE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

261 GLENBRIAR CIRCLE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 35-2227234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHARPS, KIM
261 GLENBRIAR CIRCLE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SHARPS, KIM
Address: 261 GLENBRIAR CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM () Delete
Name: EPITROPOULOS, MICHAEL
Address: 2711 NORTH HALIFAX DRIVE, SUITE 292
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIM SHARPS

MGR

04/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date