

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015825

Entity Name: NATURES DISCOUNT, INC.

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

1374 N.E. 163 STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

Current Mailing Address:

C/O NICOLE J. HUESMANN, PA
150 ALHAMBRA CIRCLE, SUITE 1150
CORAL GABLES, FL 33134

New Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

FEI Number: 20-2264294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUESMANN, NICOLE J
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: KELLY, NICHOLAS
Address: 20725 NE 16 AVENUE, UNIT A39
City-St-Zip: N. MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: KELLY, NICHOLAS
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE J HUESMANN

RA

02/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date