

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000111073

FILED
Apr 28, 2010
Secretary of State

Entity Name: A NATURAL WAY TO GOOD HEALTH INC.

Current Principal Place of Business:

4353 EDGEWATER DRIVE
SUITE 3
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4353 EDGEWATER DRIVE
SUITE 3
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 26-4029483 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FERRANTE, KATHRYN
5021 MAUI CIRCLE
ORLANDO, FL 32808 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: D
Name: FERRANTE, KATHRYN
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: MYERS, CINDY
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: MYERS, DUANE
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: FERRANTE, THOMAS
Address: 5021 MAUI CIRCLE
City-St-Zip: ORLANDO, FL 32808

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

SIGNATURE: KATHRYN FERRANTE

PRES

04/28/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date