

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000041690

**FILED  
Jan 15, 2016  
Secretary of State  
CC3389429065**

**Entity Name:** ALIVE BY NATURE INC

**Current Principal Place of Business:**

2574 WHISPERING PINES DR  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

2574 WHISPERING PINES DR  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 26-4831227

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOOKKEEPER, BONNIE JNETTLES  
2574 WHISPERING PINES DR  
FLEMING ISLAND, FL 32003 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	NETTLES, BRYAN E	Name	NETTLES, BRYAN E
Address	5240 E LAKESHORE DR	Address	5240 E LAKESHORE DR
City-State-Zip:	SAN RAMON CA 94582	City-State-Zip:	SAN RAMON CA 94582

Title	T
Name	NETTLES, BRYAN E
Address	5240 E LAKESHORE DR
City-State-Zip:	SAN RAMON CA 94582

*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:** BRYAN NETTLES

**PRESIDENT**

**01/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date