

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000078127

**Entity Name:** NATURAL LIFE COLLECTIONS, INC.

**FILED**  
**Feb 07, 2017**  
**Secretary of State**  
**CC4087087865**

**Current Principal Place of Business:**

820 A1A NORTH  
SUITE W-4  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

820 A1A NORTH  
SUITE W-4  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 59-3341788

**Certificate of Status Desired:** Yes

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

HUGHES, PATRICIA L  
24 LA VISTA DR.  
PONTE VEDRA BEACH, FL 32082 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 CEO/ CHIEF CREATIVE OFFICER  
Name HUGHES, PATRICIA L  
Address 24 LA VISTA DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title CFO  
Name SCHMACHTENBERGER, LESLI A  
Address 820 A1A NORTH  
SUITE W-4  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title CIO  
Name STRUBLE, JEFFREY  
Address 820 A1A NORTH  
SUITE W-4  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP, OPERATIONS  
Name CHIEN, LIN LIN  
Address 820 A1A NORTH  
SUITE W-4  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** PATRICIA L. HUGHES

**CEO**

**02/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date