

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90063 021 \*\*\*550.00

**50059680**



<b>DOCUMENT # F99000004346</b> 1. Entity Name <b>NATUROPATHIC LABORATORIES INTERNATIONAL, INC.</b>					
Principal Place of Business <b>4911 CREEKSIDE DRIVE, UNIT A CLEARWATER, FL 33760</b>			Mailing Address <b>1 LINDEN PLACE, STE. 205 GREAT NECK, NY 11021</b>		
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>620 Fifth ave</b> Suite, Apt. #, etc. <b>Suite 214</b> City & State <b>new YORK, NY.</b> Zip      Country <b>10020</b>			
4. FEI Number <b>22-3007667</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>STANTEN, RICHARD P 8213 BRONTE COURT ORLANDO, FL 32836</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I POPOFSKY, DAVID 2666 WINONA ROAD BALDWIN, NY 11510 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOE GARACHEK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>22 HARVEST DR.</b> <b>SCARSDALE, NY 10583</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPOFSKY, SCOTT 1 LINDEN PLACE GREAT NECK, NY 11021 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GARY PARSONS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>34 SAINT ANDREWS LANE</b> <b>MILFORD, CT 06460</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANTON, RICHARD P 8213 BRONTE CT. ORLANDO, FL 32836 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEVE SPITZER.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>38 VILLAS CIRCLE</b> <b>MENVILLE, NY 11747</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date      Daytime Phone # <b>8/1/05 9176209694</b>		