2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90057 034 ***150.00

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # G47260

1. Entity Name
NATURAL BRANDS, INC.

Principal Place of Business	Mailing Address
8511 CEDER COVE CT ORLANDO, FL 32819 US	NATUARL BRANDS, INC. P.O. BOX 181386 DALLAS, TX 75218 US

2. Principal Place of Business	3. Mailing Address
8511 Cedar Cove Ct.	Natural Brands
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2341235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, DOROTHY A
8511 CEDAR COVE COURT
#308
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 8511 Cedar Cove Ct.

City **FL** 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 Dorothy McLaughlin 1/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCLAUGHLIN, DOROTHY A		NAME	
STREET ADDRESS	8511 CEDAR COVE COURT		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	
TITLE	DVPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUCHESNEAU, DONALD A		NAME	
STREET ADDRESS	8511 CEDAR COVE COURT		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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.

SIGNATURE: Dorothy McLaughlin 1/20/05 1-800-929-4959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #