2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # G47260 B BRANDS, INC.						90053 037 ***150	
Principal Place of Business 8511 CEDAR COVE CT ORLANDO, FL 32819 US		Mailing Address NATURAL BRANDS, INC. 8511 CEDAR COVE CT. ORLANDO, FL 32819 US			30°	1811 8818 1818 6114 BL	M BISH SIDH BILII BISH BIDN GID	1188 1 1 181 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 59-2341			pplied For at Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate o	f Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered Agent	
-MCLAUGHLIN, DOROTHY-A				Name				
8511 CEDAR COVE COURT ORLANDO, FL 32819		Street Address		(P.O. Box Number is Not Acceptable)				
		11						
· .		City				FL Zip Code	e	
	named entity submits this statement for ions of registered agent. Denoty: A M	leparally	Da	ROTHY A.	MCLAUG		orida. Fam familiar with, PD.TS. 9(6)	·
	Signature, typed or printed name of egistered agent.	and little if applicable (NOTI	E: Registere	d Agent signature required	t when reinstating)	,	DATE	-, -
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa	ign Finar	ncing \$5.	.00 May Be led to Fees		DATE	
FIL After Ma	E NOW!!! FEE IS'\$150.00 ay 1, 2008 Fee will be \$550.0 OFFICERS AND	9. Election Campa Trust Fund Cont	ign Finar	ncing \$5.	.00 May Be led to Fees		DATE	S IN 11
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2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

2/6/2008 (%)227 6221