## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G74616

**FILED** Apr 29, 2007 Secretary of State

Entity Name: NATURE'S WAY OF BREVARD COUNTY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1564 NE FLAG DR. 1564 NE FLAG DR. PO BOX 060113 PALM BAY, FL 32905 BR PALM BAY, FL 329067113 **New Mailing Address: Current Mailing Address:** 1564 NE FLAG DR. PO BOX 060113 PALM BAY, FL 329067113 FEI Number: 59-2342151 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAHN, MICHAEL H. 494 N. HARBOR CITY BLVD. MELBOURNE, FL 32935 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GERHKE II, MARSHALL F PRES Name: Name: 1564 NE FLAG DR. Address: Address: City-St-Zip: PALM BAY, FL 32905 US City-St-Zip: Title: () Delete Title: () Change () Addition GERHKE, KARIN M SERETAR Name: Name: 1564 FLAG DR. Address: Address: PALM BAY, FL 32905 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARSHALL F GERHKE II **PRES** 04/29/2007