# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 28, 2006**
**Secretary of State**

DOCUMENT# L04000048745

**Entity Name:** NATURAL PRODUCT SOLUTIONS, LLC.

**Current Principal Place of Business:**

740 WHITE SAND DR. N.E.
SAINT PETERSBURG, FL 33703

**New Principal Place of Business:**

P.O. BOX 56359
SAINT PETERSBURG, FL 33732

**Current Mailing Address:**

740 WHITE SAND DR. N.E.
SAINT PETERSBURG, FL 33703

**New Mailing Address:**

P.O. BOX 56359
SAINT PETERSBURG, FL 33732

**FEI Number: 20-1333355** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GRACE, EUGENE C
740 WHITE SAND DR. N.E.
SAINT PETERSBURG, FL 33703 US

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

GRACE, EUGENE C
P.O. BOX 56359
SAINT PETERSBURG, FL 33732 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: EUGENE C GRACE 04/28/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: GRACE, EUGENE C
Address: 740 WHITE SAND DR. N.E.
City-St-Zip: SAINT PETERSBURG, FL 33703

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: GRACE, EUGENE C
Address: P.O. BOX 56359
City-St-Zip: SAINT PETERSBURG, FL 33732

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EUGENE C GRACE MGRM 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date