

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048745

FILED
Apr 30, 2007
Secretary of State

Entity Name: NATURAL PRODUCT SOLUTIONS, LLC.

Current Principal Place of Business:

P.O. BOX 56359
SAINT PETERSBURG, FL 33732

New Principal Place of Business:

740 WHITE SAND DR.
SAINT PETERSBURG, FL 33732

Current Mailing Address:

P.O. BOX 56359
SAINT PETERSBURG, FL 33732

New Mailing Address:

740 WHITE SAND DR.
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
P.O. BOX 56359
SAINT PETERSBURG, FL 33732 US

Name and Address of New Registered Agent:

GRACE, EUGENE C
740 WHITE SAND DR.
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 CLARK GRACE

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRACE, EUGENE C
Address: 740 WHITE SAND DR.
City-St-Zip: SAINT PETERSBURG, FL 33732

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 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 CLARK GRACE

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date