2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # L04000055198** 04-27-2005 90034 022 ****50.00 1. Entity Name NATURAL CHOICE INTERNATIONAL, LLC Idunes. Principal Place of Business Mailing Address 31564 US HWY 19 N 31564 US HWY 19 N PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01182005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Nugibe 2154 Not Applicable Ζip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUJU, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 31564 US HWY 19 N PALM HARBOR, FL 34684 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Change □ Delete TITLE ☐ Addition NAME SCHULTZ, SANDRA NAME STREET ADDRESS 31564 US HWY 19 N STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 CITY - ST - ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THILE Detete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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

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11. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the sage (e.g., e.g., 2005, APRIL 22

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Daytime Phone #

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