

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000041585

FILED
Aug 17, 2006
Secretary of State**Entity Name:** SANTE' NATURAL PRODUCTS, LLC**Current Principal Place of Business:**21963 US 19 NORTH
CLEARWATER, FL 33765**New Principal Place of Business:****Current Mailing Address:**21963 US 19 NORTH
CLEARWATER, FL 33765**New Mailing Address:****FEI Number:** 20-2809960**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DANCU, DAVID A ESQ.
2325 STANFORD COURT
NAPLES, FL 34112 US**Name and Address of New Registered Agent:**

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**MANAGING MEMBERS/MANAGERS:****Title:** MGR () Delete
Name: WERNET, WILLIAM
Address: 21963 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33765 US**Title:** MGRM (X) Delete
Name: TOLSON, JACQUELYN
Address: 21963 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33765 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: TOLSON, JACQUELYN
Address: 21963 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33765 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: JACQUELYN TOLSON

MGRM

08/17/2006

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