2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007615

Entity Name: NATURAL HEALTH PRODUCTS, LLC

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4419 N. BAY ROAD 4712 N. BAY ROAD

MIAMI BEACH, FL 33140 US MIAMI BEACH, FL 33140 US

Current Mailing Address: New Mailing Address:

4419 N. BAY ROAD 4712 N. BAY ROAD

MIAMI BEACH, FL 33140 US MIAMI BEACH, FL 33140 US

FEI Number: 65-0961078 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:

ELLISON, AMANDA
4712 NORTH BAY ROAD
MIAMI BEACH, FL 33160 US

ELLISON, AMANDA
4712 NORTH BAY ROAD
MIAMI BEACH, FL 33140 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: 04/26/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 ELLISON, RALPH M
 Name:

 Address:
 4712 N BAY ROAD
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33140
 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 ELLISON, AMANDA J
 Name:
 ELLISON, AMANDA J

 Address:
 4712 N BAY ROAD
 Address:
 4712 N BAY ROAD

 City-St-Zip:
 MIAMI BEACH, FL 33160
 City-St-Zip:
 MIAMI BEACH, FL 33140

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: AMANDA ELLISON MGR 04/26/2006