

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M24981
1. Entity Name
NATURAL HEALTH HUT, CORP.



Principal Place of Business Mailing Address
**C/O ROSE KALAJIAN
26419 CHIANINA DRIVE
ZEPHRHILLS, FL 33544** **C/O ROSE KALAJIAN
26419 CHIANINA DRIVE
ZEPHRHILLS, FL 33544**



01142004 No Chg-P CP2E004 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **60-2624766** Applied For
 Not Applicable
5. Certificate of Status Declared **\$8.75 Additional
Fees Required**

2. Name and Address of Current Registered Agent
**KALAJIAN, ROSE
26419 CHIANINA DRIVE
ZEPHRHILLS, FL 33544**

**DO NOT WRITE
IN THIS SPACE**

3. 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 _____ (NOTE: Registered Agent signature required when handling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

6. Election Campaign Financing **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP KALAJIAN, ROSE 26419 CHIANINA DR ZEPHRHILLS, FL 33544 |
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01/20/04-80078-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 174.07(2)(c), Florida Statutes. I further certify that the information included on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE  **ROSE KALAJIAN** 1-14-04 813-913-1096

PRINT NAME OF OFFICER OR DIRECTOR Duh Deputy: Form 8