2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005
Secretary of State

DOCUMENT# N04000009320

Entity Name: NATURE'S CHAIN, INC.

Current Principal Place of Business:

C/O MELVIN C. MORGENSTERN P.A
1320 S. DIXIE HWY., SUITE 1275
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

C/O MELVIN C. MORGENSTERN P.A
1320 S. DIXIE HWY., SUITE 1275
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 87-0733396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORGENSTERN, MELVIN C P.A.
GABLES ONE TOWER, SUITE 1275
1320 S. DIXIE HIGHWAY
CORAL GABLES, FL 33146 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MIDDELTHON, WILLIAM III
Address: 720 CORAL WAY, SUITE 9-E
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: FARADO, CLAUDIA
Address: 2730 FAIRWAYS DRIVE
City-St-Zip: HOMESTEAD, FL 33035

Title: D ( ) Delete
Name: PORTER, KEVIN
Address: 12947 S.W. 67TH LANE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FAJARDO, CLAUDIA
Address: 2730 FAIRWAYS DRIVE
City-St-Zip: HOMESTEAD, FL 33035

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN C. MORGENSTERN RA 08/11/2005

Electronic Signature of Signing Officer or Director — Date