

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025706

FILED
Mar 07, 2005
Secretary of State

Entity Name: NATURE WORKS FOR YOU, INC.

Current Principal Place of Business:

3341 N. UNIVERSITY DR.
STE 2
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

18459 PINES BLVD., STE. 190
PEMBROKE PINES, FL 33029

New Mailing Address:

3341 N. UNIVERSITY DR.
STE 2
DAVIE, FL 33024

FEI Number: 65-0992341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASSALL, ALTHEA M
1001 NW 193RD AVE.
PEMBROKE PINES, FL 33029 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VASSALL, ALTHEA
Address: 1001 NW 193RD AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: VASSALL, AYODELE
Address: 1001 NW 193RD AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T () Change (X) Addition
Name: BRADUA, MENA
Address: 19451 SHERIDAN ST #177
City-St-Zip: FT LAUDERDALE, FL 33332

Title: D () Change (X) Addition
Name: GORE, ERIC B
Address: 3341 N. UNIVERSITY DR STE 2
City-St-Zip: HOLLYWOOD, FL 33024

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALTHEA VASSALL

D

03/07/2005

Electronic Signature of Signing Officer or Director

Date