2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P00000025706

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:

19451 SHERIDAN STREET
STE 177
FT LAUDERDALE, FL 33332

Current Mailing Address:

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

New Mailing Address:

P. O. BOX 245727
PEMBROKE PINES, 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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: T ( ) Delete
Name: VASSALL, ROBERT
Address: 1001 NW 193 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 05/01/2007

Electronic Signature of Signing Officer or Director — Date