

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025706

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: NATURE WORKS FOR YOU, INC.

## Current Principal Place of Business:

19451 SHERIDAN STREET  
STE 177  
FT LAUDERDALE, FL 33332

## New Principal Place of Business:

7801 SHERIDAN STREET  
HOLLYWOOD, FL 33024

## Current Mailing Address:

P. O. BOX 245727  
PEMBROKE PINES, FL 33024

## New Mailing Address:

7801 SHERIDAN STREET  
HOLLYWOOD, 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: 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: D (X) Change ( ) Addition  
Name: GORE, ERIC B  
Address: 3341 N. UNIVERSITY DR STE 1  
City-St-Zip: HOLLYWOOD, FL 33024

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

04/25/2008

Electronic Signature of Signing Officer or Director

Date