2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005
Secretary of State

DOCUMENT# P00000028764

Entity Name: LIFESOURCE NATURALS HEALTH PRODUCTS, INC.

Current Principal Place of Business:

318 GREEN ACRES ROAD
UNIT 8
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

318 GREEN ACRES ROAD
UNIT 8
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3632702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HECKAMAN, MARY
3 REDFORD PLACE
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

HECKAMAN, ROBERT
3 BEDFORD PLACE
FT. WALTON BEACH, FL 32547 US

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: ROBERT HECKAMAN 03/22/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HECKAMAN, ROBERT E
Address: 318 GREEN ACRES RD., UNIT 8
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: V (X) Delete
Name: HECKAMAN, MARY B
Address: 318 GREENACRES ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: HECKAMAN, ROBERT E
Address: 318 GREEN ACRES RD., UNIT 8
City-St-Zip: FORT WALTON BEACH, FL 32547

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

SIGNATURE: ROBERT HECKAMAN PSTD 03/22/2005
Electronic Signature of Signing Officer or Director Date