



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000092397</b> 1. Entity Name <b>DR. JANET'S BALANCED BY NATURE PRODUCTS, INC.</b>	
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Principal Place of Business <b>40 VILLAGE DRIVE ORMOND BEACH, FL 32174</b>	Mailing Address <b>40 VILLAGE DRIVE ORMOND BEACH, FL 32174</b>
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**DO NOT WRITE IN THIS SPACE**

  
01072008 No Chg-P CR2E034 (11/05)  
4. FEI Number  
**59-3673861**  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**  
Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**MACCARO, JANET C PHD CNC  
40 VILLAGE DRIVE  
ORMOND BEACH, FL 32174**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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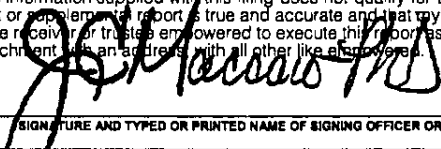
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MACCARO, JANET C PHD CNC 40 VILLAGE DRIVE ORMOND BEACH, FL 32174</b>
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U000000781171  
01/15/08-80023-011 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like approvals.

**SIGNATURE:**  **J.C. MACCARO, PhD** 1-7-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  
Daytime Phone # **386-451-2092**