

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035027

Entity Name: NATURAL LIFE PRODUCTS, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

6401 CONGRESS AVE.  
SUITE 150  
BOCA RATON, FL 33487

## Current Mailing Address:

6401 CONGRESS AVE.  
SUITE 150  
BOCA RATON, FL 33487

## New Principal Place of Business:

1060 HOLLAND DRIVE.  
SUITE 3A  
BOCA RATON, FL 33487

## New Mailing Address:

PO BOX 810461  
BOCA RATON, FL 33481

FEI Number: 65-1095432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMAD, MOHAMMED  
6401 CONGRESS AVE.  
SUITE 150  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

MAHER, MAROUF  
1060 HOLLAND DRIVE  
SUITE 3A  
BOCA RATON, FL 33487 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: MAHER MAROUF

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: AWAD, MAHER  
Address: PO BOX 810461  
City-St-Zip: BOCA RATON, FL 33481

Title: P (X) Delete  
Name: HAMAD, MOHAMMED  
Address: 2030 ALTA MEADOWS LANE # 1209  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAROUF, MAHER  
Address: PO BOX 810461  
City-St-Zip: BOCA RATON, FL 33481

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: MAHER MAROUF

DIR

04/28/2005

Electronic Signature of Signing Officer or Director

Date