
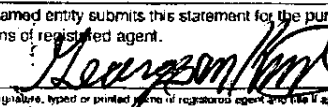



FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90306 042 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

14012759

DOCUMENT # P0100056013			
1. Entity Name NATURE'S WAY PURIFICATION SYSTEMS, INC.			
Principal Place of Business 1134 GOLDEN ROAD RD. WELLINGTON, FL 33414		Mailing Address 1134 GOLDEN ROAD RD. WELLINGTON, FL 33414	
2. Principal Place of Business		3. Mailing Address 13803 WELLINGTON TR. Suite, Apt. #, etc. # 4 - PMB 204 WELLINGTON FL 33414	
Suite, Apt. #, etc.		City & State	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1113893		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KURTZ, GEORGE M 13638 CALLINGTON DRIVE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retreating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURTZ, GEORGE M 13638 CALLINGTON DRIVE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.			
SIGNATURE: 		4-27-04 Date Daytime Phone #	