



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 016 ***150.00

DOCUMENT # P01000064949 1. Entity Name NATURE BY NATURE CORPORATION					
Principal Place of Business 5770 WST IRLO BRONSON MEMORIAL HIGHWAY #412 LAKE MARY, FL 32746			Mailing Address 5770 WST IRLO BRONSON MEMORIAL HIGHWAY #412 LAKE MARY, FL 32746		
2. Principal Place of Business 5770 W. IRLO BRONSON Suite, Apt. #, etc. MEMORIAL Hwy #412 City & State KISSIMMEE, FL Zip 34746 Country USA		3. Mailing Address 5770 W. IRLO BRONSON Suite, Apt. #, etc. MEMORIAL Hwy #412 City & State KISSIMMEE, FL Zip 34746 Country USA			
4. FEI Number 59-3728262		02202006 Chg-P CR2E034 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YAP, SIEW MOEY 5770 WEST IRLO BRONSON MEMORIAL HWY #412 LAKE MARY, FL 32746			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P MOEY YAP, SIEW 5770 WEST IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746 <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 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 empowered.					
SIGNATURE: _____			Date 2/25/06 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					