


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90042 014 ***150.00

DOCUMENT # P01000064949 1. Entity Name NATURE BY NATURE CORPORATION			
Principal Place of Business 5770 WST IRLO BRONSON MEMORIAL HWY #412 LAKE MARY, FL 32746		Mailing Address 5770 WST IRLO BRONSON MEMORIAL HWY #412 LAKE MARY, FL 32746	
2. Principal Place of Business - No P.O. Box # 1163 LIBERTY HALL		3. Mailing Address 1163 LIBERTY	
Suite, Apt. #, etc. DRIVE		Suite, Apt. #, etc. HALL DRIVE	
City & State KISSIMMEE FL		City & State KISSIMMEE FL	
Zip 34746		Zip 34746	
Country USA		Country USA	
4. FEI Number 59-3728262		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 YAP, SIEW MOEY 5770 WEST IRLO BRONSON MEMORIAL HWY #412 LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name YAP, SIEW MOEY Street Address (P.O. Box Number is Not Acceptable) 1163 LIBERTY HALL DRIVE City KISSIMMEE FL Zip Code 34746	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEW MOEY YAP 1163 LIBERTY HALL DRIVE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 3/4/07 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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