

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100097

FILED
Mar 29, 2004
Secretary of State

Entity Name: NATURE CURE AND YOGA HEALTH CENTRE, INC.

Current Principal Place of Business:

20 S. VIA LUCINDIA DRIVE
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

20 S. VIA LUCINDIA DRIVE
STUART, FL 34996

New Mailing Address:

FEI Number: 65-1150544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANGHRAJKA, ASHISH
20 S. VIA LUCINDIA DRIVE
STUART, FL 34996

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DESHMUKH, SACHIN
Address: 20 S. VIA LUCINDIA DRIVE
City-St-Zip: STUART, FL 34996

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V.P (X) Change () Addition
Name: DESHMUKH, SACHIN
Address: 20 S. VIA LUCINDIA DRIVE
City-St-Zip: STUART, FL 34996

Title: P () Change (X) Addition
Name: SANGHRAJKA, ASHISH
Address: 20 S. VIA LUCINDIA DRIVE
City-St-Zip: STUART, FL 34996

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: ASHISH SANGHRAJKA

MR

03/29/2004

Electronic Signature of Signing Officer or Director

Date