FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 11, 2002 8:00 am Secrétary of State P01000112537 DOCUMENT # 05-29-2002 90678 020 ***150 00 1. Entity Name NATURA HEALTH SOLUTIONS, INC. Principal Place of Business Mailing Address 968 KNOLLWOOD DR 968 KNOLLWOOD DR DUNEDIN FL 34698 DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 3756**6**25 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES POTTER, NELSON Street Address (P.O. Box Number is Not Acceptable) MORGAN STANLEY COMPANY 6775 CROSSWINDS DRIVE NORTH ST PETERSBURG FL 33710 . B. 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May 8e After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IITLE O FRESIDENT ☐ Delete TITLE PRESIDENT CASALE, JAMES F NAME STREET ADDRESS 968 KNOLLWOOD DR STREET ADDRESS CITY-ST-7/P **DUNEDIN FL 34698** CITY-ST-ZIP TITLE ☐ Delete SECNETARY THEASUNEA TITLE NAME JACQUEUNE C. CASALE 968 KNOLLWOOD PANE (CASALE JACQUEUNE C. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNEOW, FL 34698 TITLE Delete TITLE - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7E 13. 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 11 or Block 12 if

SIGNATURE:

(9/01)

Attachment #PO/0001/2537

James F. Casale

968 Knollwood Drive

Dunedin, FL 34698

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Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Reference:

(Document # P01000112537

Natura Health Solutions, Inc.

Please find UBR and check for \$150.00 for filing fee.

I now realize that this is being submitted late. Being new to this process, I mistakenly thought that this might not apply to us, and held on to the document until we could meet with an accountant. I met with my accountant last night, who informed me we indeed do need to submit this form.

I am asking for forgiveness on the late submission, and assure you from this point on our corporation will complete all State of Florida requirements in a timely manner.

Thank you for your assistance and understanding.

Best Regards,

James F. Casale

and to Carol