2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2004
Secretary of State

DOCUMENT# P01000112537

Entity Name: NATURAL HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

9481 HIGHLAND OAK DRIVE
802
TAMPA, FL 33647 US

New Principal Place of Business:

5039 NEW SAVANNAH CIR
WESLEY CHAPEL, FL 33544 US

Current Mailing Address:

PO BOX 7105
WESLEY CHAPEL, FL 33544

New Mailing Address:

5039 NEW SAVANNAH CIR
WESLEY CHAPEL, FL 33544

FEI Number: 59-3756625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASALE, JAMES F
9481 HIGHLAND OAK DRIVE
802
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

CASALE, JAMES F
5039 NEW SAVANNAH CIR
WESLEY CHAPEL, FL 33544 US

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: JFC 05/23/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CASALE, JAMES F
Address: 9481 HIGHLAND OAK DRIVE #802
City-St-Zip: TAMPA, FL 33647

Title: ST ( ) Delete
Name: CASALE, JACQUELINE C
Address: 9481 HIGHLAND OAK DRIVE #802
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CASALE, JAMES F
Address: 5039 NEW SAVANNAH CIR
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: ST (X) Change ( ) Addition
Name: CASALE, JACQUELINE C
Address: 5039 NEW SAVANNAH CIR
City-St-Zip: WESLEY CHAPEL, FL 33544

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: JAMES F CASALE JFC 05/23/2004
Electronic Signature of Signing Officer or Director Date