

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063679

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: NATURAL BIRTH CHOICES, INC.

**Current Principal Place of Business:**

16600 NE 3RD AVE  
N MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

84 NE 161 STREET  
MIAMI, FL 33162

**New Mailing Address:**

FEI Number: 22-3877340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOT, BARBARA D  
84 NE 161 STREET  
MIAMI, FL 33162 US

**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: P ( ) Delete  
Name: BLOT, BARBARA D  
Address: 84 NE 161 STREET  
City-St-Zip: MIAMI, FL 33162

Title: ST ( ) Delete  
Name: DESAMOURS, NATACHA  
Address: 1550 NE 191ST UNIT 111  
City-St-Zip: MIAMI GARDENS, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BARBARA D. BLOT

P

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date