

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90219 022 \*\*\*150.00

**DOCUMENT # P02000109000**

1. Entity Name  
NATURE'S NATURAL SOLUTIONS, INC.



Principal Place of Business  
401-B YELVINGTON AVENUE  
CLEARWATER, FL 33755

Mailing Address  
6325 JACQUELINE ARBOR DR.  
TEMPLE TERRACE, FL 33617

4000-



**DO NOT WRITE IN THIS SPACE**

03192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
54-2081236

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DRUMMOND, TEMPLE H.  
~~6325 JACQUELINE ARBOR DR.~~ 328 West Bearss Ave.  
~~TEMPLE TERRACE, FL 33617~~ Tampa, FL 33613

**DO NOT WRITE  
IN THIS SPACE**

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

*Temple H. Drummond, Temple H. Drummond*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

4/20/06  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BRADHAM, CAROLYN  
STREET ADDRESS 401-B YELVINGTON AVENUE  
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE D  
NAME PALEIEI, GEORGE  
STREET ADDRESS 2333 CAERLEON ROAD  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*CAROLYN BRADHAM*  
*Carolyn Bradham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06 727-447-4200  
Date Daytime Phone #