P02000109000

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

of lesson.

C. Ocullista APR 0 5 2007.

COVER LETTER

TO:	FO: Amendment Section Division of Corporations			
SUB.	JECT:_NATURE'S NATURAL SOLUTIONS, INC			
500	(Name of Corporation)			
DOC	UMENT NUMBER: P02000109000			
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Pleas	e return all correspondence concerning this matter to the following:			
CAI	ROLYN BRADHAM			
	(Name of Person)			
	(Name of Firm/Company)			
401	-B YELVINGTON AVE			
	(Address)			
CLE	EARWATER FL 33755			
	(City/State and Zip Code)			
For fi	urther information concerning this matter, please call:			
CAF	ROLYN BRADHAM at (727) 423-5970 (Area Code & Daytime Telephone Number)			
	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.			
Divis Clifto 2661	Mailing Address: Amendment Section Amendment Section Division of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

CAROLYN BRADHAM	, hereby resign as DIRECTOR		
"	,,,	(Title)	
of NATURE'S NATURAL SOLU	ITIONS, INC		
(Nan	ne of Corporation)		
P02000109000 (Document Number, if known)	_, a corporation organized under the laws of the State of		
FLORIDA			

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 SECRETARY OF STATE
TALLAHASSEE, FI ORIO

APPROVED AND FILED