

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010918

FILED
Mar 08, 2006
Secretary of State

Entity Name: NATURAL HORMONE OPTIONS, INC.

Current Principal Place of Business:

714 BELLA VISTA STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

714 BELLA VISTA STREET
TAMPA, FL 33609

New Mailing Address:

FEI Number: 61-1442468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESROSIERS, DENISE L
714 BELLA VISTA STREET
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

DESROSIERS, JAMES J
714 BELLA VISTA STREET
TAMPA, FL 33609 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: JAMES J. DESROSIERS

03/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARMAS, IGNACIO
Address: 1601 RENAISSANCE WAY
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: DESROSIERS, JAMES J
Address: 714 BELLA VISTA STREET
City-St-Zip: TAMPA, FL 33609

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: JAMES J. DESROSIERS

D

03/08/2006

Electronic Signature of Signing Officer or Director

Date