

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076954

FILED
Apr 29, 2005
Secretary of State

Entity Name: NATURE'S HEALTH FOODS & CAFE, INC.

Current Principal Place of Business:

3443 LITHIA PINECREST ROAD
SUITE B105
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

3443 LITHIA PINECREST ROAD
SUITE B105
VALRICO, FL 33594

New Mailing Address:

FEI Number: 55-0840913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LILYQUIST, LELA
401 S PARSONS AVENUE
SUITE E
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

LILYQUIST, LELA
401 S PARSONS AVENUE
SUITE A
BRANDON, FL 33511 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LILYQUIST, LELA
Address: 401 S. PARSONS AVENUE, SUITE E
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LILYQUIST, LELA
Address: 401 S. PARSONS AVENUE, SUITE A
City-St-Zip: BRANDON, FL 33511

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: LELA LILYQUIST

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date