

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096978

Entity Name: NATURAL THERAPIES, INC.

FILED  
Apr 17, 2005  
Secretary of State

**Current Principal Place of Business:**

527 N. MILLS AVE.  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

527 N. MILLS AVE.  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 20-0205911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANGELL, PRESTON L  
527 N. MILLS AVE.  
ORLANDO, FL 32803 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: PD ( ) Delete  
Name: ANGELL, PRESTON L  
Address: 504 ALTALOMA AVE.  
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: ANGELL, PRESTON L  
Address: 139 OAK GROVE ROAD  
City-St-Zip: WINTER PARK, FL 32789

Title: VPD ( ) Change (X) Addition  
Name: CHAN, XIAO Y VICE PD  
Address: 139 OAK GROVE ROAD  
City-St-Zip: WINTER PARK, FL 32789

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: PRESTON L. ANGELL

PD

04/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date