

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096978

FILED
Apr 30, 2006
Secretary of State

Entity Name: NATURAL THERAPIES, INC.

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: 139 OAK GROVE ROAD
City-St-Zip: WINTER PARK, FL 32789

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: DIR () Change (X) Addition
Name: GAO, DONG Y
Address: 2763 METRO SEVILLA DR.
City-St-Zip: ORLANDO, FL 32835

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: PRESTON L. ANGELL

PD

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date