2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 06, 2007
Secretary of State

DOCUMENT# P03000096978

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:

FAT CHIU CHENG
8618 WHITEROSE RD
ORLANDO, FL 32818 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FAT CHIU CHENG,
Address: 8618 WITHROSE RD
City-St-Zip: ORLANDO, FL 32818

Title: DIR (X) Delete
Name: GAO, DONG Y
Address: 2763 METRO SEVILLA DR. #101
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FAT CHIU CHENG,
Address: 8618 WHITEROSE RD
City-St-Zip: ORLANDO, FL 32818

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

I hereby certify that the information supplied with this filing does not qualify 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: FAT CHIU CHENG P 06/06/2007

Electronic Signature of Signing Officer or Director Date