

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000096978

**FILED
Jun 23, 2008
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 (X)****Name and Address of Current Registered Agent:**FAT CHIU CHENG
8618 WHITEROSE RD
ORLANDO, FL 32818 US**Name and Address of New Registered Agent:**WEI, CHANGQING
527 N. MILLS AVE
ORLANDO, FL 32803 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: CHANGQING WEI

06/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: FAT CHIU CHENG,
Address: 8618 WHITEROSE RD
City-St-Zip: ORLANDO, FL 32818**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: WEI, CHANGQING
Address: 527 N. MILLS AVE.
City-St-Zip: ORLANDO, FL 32803

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: CHANGQING WEI

PD

06/23/2008

Electronic Signature of Signing Officer or Director

Date