

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029736

Entity Name: NATURAL PHARMACY RX, INC.

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

697 NORTH SEMORAN BOULEVARD
SUITE B
ORLANDO, FL 32807 US

Current Mailing Address:

697 NORTH SEMORAN BOULEVARD
SUITE B
ORLANDO, FL 32807 US

New Principal Place of Business:

380 SEMORAN COMMERCE PLACE
A103
APOPKA, FL 32703 US

New Mailing Address:

697 NORTH SEMORAN BOULEVARD
SUITE A
ORLANDO, FL 32807 US

FEI Number: 20-0752406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VENEZA, DAVID
697 NORTH SEMORAN BOULEVARD
SUITE B
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

VENEZA, DAVID
697 NORTH SEMORAN BOULEVARD
SUITE A
ORLANDO, FL 32807 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:

03/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VENESSA, TITUS DR.
Address: 697 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807 US

Title: VP () Delete
Name: VENEZA, DAVID
Address: 697 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807 US

Title: T () Delete
Name: VENESSA, TITA
Address: 697 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAVID VENEZA

VP

03/27/2008

Electronic Signature of Signing Officer or Director

Date