2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052788

City-St-Zip: HOLLYWOOD, FL 33020

Entity Name: NATURAL SOLUTIONS FOR HEALTH INC.

FILED Apr 28, 2005 Secretary of State

Current I	Principal Place	of Business:	New Principal Place o	New Principal Place of Business:	
9420 SW MIAMI, FI	77TH ST STE 1 L 33156	01			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
9420 SW 77TH ST STE 101 MIAMI, FL 33156				93 NEPONSIT STREET STAMFORD, CT 06902	
FEI Numbe	er: 83-0391481	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
2646 POL	ON, MELISSA LK ST APT 10 (OOD, FL 33020) US			
	e named entity s te of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	JRE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	ampaign Financing	Trust Fund Contribution ().			
OFFICER	RS AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	D () ROBINSON, ME 2646 POLK ST		Title: (Name: Address:) Change ()Addition	

City-St-Zip:

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: MELISSA ROBINSON D 04/28/2005