2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# P04000131998

Entity Name: NATURE'S HEALTH AND FITNESS OF ORLANDO, INC.

Current Principal Place of Business:

12720 S ORANGE BLOSSOM TRAIL
SUITE 3
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

12720 S ORANGE BLOSSOM TRAIL
SUITE 3
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-1671596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUCE, RYAN J
210 FICUS STREET
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

OSHMAN, ANDRABETH PRESIDE
210 FICUS STREET
CELEBRATION, FL 34747 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: ANDRABETH OSHMAN 04/17/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BRUCE, RYAN J
Address: 210 FICUS STREET
City-St-Zip: CELEBRATION, FL 34747

Title: VP ( ) Delete
Name: BRUCE, ANDRA B
Address: 210 FICUS STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OSHMAN, ANDRABETH
Address: 210 FICUS STREET
City-St-Zip: CELEBRATION, FL 34747

Title: VP (X) Change ( ) Addition
Name: OSHMAN, MARILYN S
Address: 112 CELEBRATION BLVD.
City-St-Zip: CELEBRATION, FL 34747

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: ANDRABETH OSHMAN P 04/17/2007
Electronic Signature of Signing Officer or Director Date