

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168899

Entity Name: NATURE'S BABIES, INC.

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

647 ORANGE COURT
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 807
COCOA, FL 32923 US

New Mailing Address:

FEI Number: 20-2039598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELBORN, KIMBERLY
647 ORANGE COURT
ROCKLEDGE, FL 32955 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: WELBORN, KIMBERLY
Address: P O BOX 807
City-St-Zip: COCOA, FL 32923 US

Title: VPST () Delete
Name: WELBORN, DAVID
Address: P O BOX 807
City-St-Zip: COCOA, FL 32923 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KIMBERLY WELBORN

PD

02/21/2005

Electronic Signature of Signing Officer or Director

Date