


**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90025 021 \*\*\*150 00

<b>DOCUMENT # P05000136940</b> 1. Entity Name <b>PURE GRACE NATURALS, INC.</b>				 <b>Secretary of State</b> 05-16-2006 90025 021 ***150.00	
Principal Place of Business <b>22201 S.W. 152ND AVENUE MIAMI, FL</b>				Mailing Address <b>22201 S.W. 152ND AVENUE MIAMI, FL</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>22-3916834</b>	
<b>33170</b>	<b>US</b>	<b>33170</b>	<b>US</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05102006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>CHRISTENSEN, ANGIE S 22201 S.W. 152ND AVENUE MIAMI, FL</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	Zip Code <b>33170</b>
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
		TITLE NAME <input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President Christensen, Angie S 22201 S.W. 152nd Avenue Miami, Florida 33170</b>			
		STREET ADDRESS			
		CITY-ST-ZIP			
		TITLE NAME <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		STREET ADDRESS			
		CITY-ST-ZIP			
		TITLE NAME <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Angie S. Christensen</u> 5-10-06 305 247 3552					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					