

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159021

FILED
Feb 29, 2008
Secretary of State

Entity Name: ANCIENT WISDOM NATURAL PRODUCTS INC.

Current Principal Place of Business:

344 LIMON STREET
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

344 LIMON STREET
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 51-0561095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALDRICH, CECELIA
344 LIMON STREET
SAINT AUGUSTINE, FL 32084 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: ALDRICH, CECELIA
Address: 344 LIMON STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP/T () Delete
Name: ARNOLD, CHRISTY
Address: 344 LIMON STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S () Delete
Name: ALDRICH, CECELIA
Address: 344 LIMON STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: CECELIA ALDRICH

D/P

02/29/2008

Electronic Signature of Signing Officer or Director

Date