

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124619

Entity Name: NATURELLE SKINCARE, INC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

4721 E. MOODY BLVD
108
BUNNELL, FL 32110

Current Mailing Address:

P.O. BOX 35082
PALM COAST, FL 321350842

New Principal Place of Business:

25 FLORIDA PARK DR
B
PALM COAST, FL 32137

New Mailing Address:

25 FLORIDA PARK DR
B
PALM COAST, FL 32137

FEI Number: 30-0387130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSSON, EVA
99 COVINGTON LANE
PALM COAST, FL 32137 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 () Delete
Name: LARSSON, EVA C.
Address: 99 COVINGTON LANE
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: LARSSON, KJELL
Address: 99 COVINGTON LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LARSSON, EVA
Address: 99 COVINGTON LANE
City-St-Zip: PALM COAST, FL 32137

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: EVA LARSSON

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date