

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038328

Entity Name: 4 MY NATURAL HEALTH INC

FILED  
Mar 06, 2008  
Secretary of State

## Current Principal Place of Business:

2642 INGLES AVE.  
NORTH PORT, FL 34288

## New Principal Place of Business:

## Current Mailing Address:

2642 INGLES AVE.  
NORTH PORT, FL 34288

## New Mailing Address:

FEI Number: 20-8737177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KITTLE, TAMMI  
2642 INGLES AVE  
NORTH PORT, FL 34288 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: KITTLE, TAMMI  
Address: 2642 INGLES AVE  
City-St-Zip: NORTH PORT, FL 34288

Title: VP ( ) Delete  
Name: KITTLE, MICHAEL  
Address: 2642 INGLES AVE  
City-St-Zip: NORTH PORT, FL 34288

Title: S ( ) Delete  
Name: SHERMAN, BEVERLY  
Address: 192 HARRISBURG ST  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: T ( ) Delete  
Name: SHERMAN, MEL  
Address: 192 HARRISBURG ST  
City-St-Zip: PORT CHARLOTTE, FL 33954

## 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:

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: TAMMI KITTLE

P

03/06/2008

Electronic Signature of Signing Officer or Director

Date