## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**



1. Entity Name
NATURAL ALTERNATIVES, INC

DOCUMENT # P07000068296

FILED
Jan 15, 2008 8:00 am
Secretary of State
01-15-2008 90035 037 \*\*\*150.00

Principal Place of Burmers	14/11/01/01	E/IE/E/(1//11/02-0, 11/0).									
Suite: April 4, etc.   Suite: April 4, etc.   City & State   Cit	5656 S.W. SAVAGE STREET		5656 S.W. SAVAGE STREET		400	04138					
Suite: April 4, etc.   Suite: April 4, etc.   City & State   Cit	2 Principal P	lace of Business - No.P.O. Box #	3. Mailing Address								
City & State	2. 11110172		5. Maining Address				I BINI TRAKI HATAN BANIL PA	HE WILLIAM MENNI TILIY	# 11848 1834 BIS	1.B&1 11 1881	
26	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01092008	Chg-P	CR2E03	4 (12/06)		
S. Centracion Single	City & State		City & State			4. FEI Number	033448	9			
SEACON ACCOUNTING SERVICE, INC. 3155 S.W. MAPP ROAD   PALM CITY, FL 34990   PALM CITY,	Zip	Country	Zip	Countr	ıy	5. Certificate of	of Status Desired				
SECON ACCOUNTING SERVICE, INC.   10   10   10   10   10   10   10   1	6. Name and Address of Current Registered Agent				· · · · · · · · · · · · · · · · · ·						
Street Address RP.O. Box Number is Not Acceptable   Street Republic Republ	DEACON ACCOUNTING SERVICE INC				Mame						
City	3135 S.W.	MAPP ROAD	Street Addre		Struct Address	(P.O. Box Numbe	r is Not Acceptabl	e)			
B. The above named entity submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Internation of implemental agent and left of agency to the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Internation of implemental agent and left of agency to the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, and accept the purpose of Planacies of Plan		.,									
SIGNATURE					City			FL	Zip Code	e	
Now											
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		perify that the information supplied wit	th this filing does not pushful			ed in Chapter 119	Florida Statutes	I further certif	v that the is	ntormation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tristice 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 city powered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR