

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000045132

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** ALL NATURAL BABY CENTER, INC.

**Current Principal Place of Business:**

611 SW 2ND AVE  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

611 SW 2ND AVE  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WMP INVESTMENTS, INC  
611 SW 2ND AVE  
POMPANO BEACH, FL 33060 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PARTLAN, ASHLEY  
Address: 611 SW 2ND AVE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP  
Name: PARTLAN, WILLIAM  
Address: 611 SW 2ND AVE  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM PARTLAN

VP

04/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date