

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025767

FILED
Jan 14, 2009
Secretary of State

Entity Name: NATURAL ORGANIC PRODUCTS INTERNATIONAL, INC.

Current Principal Place of Business:

710 S. ROSSITER STREET
MT. DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

710 S ROSSITER ST.
MOUNT DORA, FL 32757

New Mailing Address:

710 S. ROSSITER STREET
MT. DORA, FL 32757 US

FEI Number: 59-3179612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOHMEISTER, DAN
710 S ROSSITER STREET
MT DORA, FL 32757 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: VD () Delete
Name: GRIFFIN, IVAN
Address: RT 1 BOX 223 N/A
City-St-Zip: BLOOMFIELD, MO

Title: TD () Delete
Name: GRIFFIN, EVELYN
Address: 25742 STATE HWY 25
City-St-Zip: BLOOMFIELD, MO

Title: VD () Delete
Name: ROGERS, JAMES
Address: 25742 ST HWY 25
City-St-Zip: BLOOMFIELD, MO

Title: SD () Delete
Name: ROGERS, BONNIE
Address: 25742 STATE HWY 25
City-St-Zip: BLOOMFIELD, MO

Title: PD () Delete
Name: GRIFFIN, GERALD
Address: 25742 STATE HWY. 25
City-St-Zip: BLOOMFIELD, MO

Title: D () Delete
Name: GRIFFIN, SUE
Address: RT. 1, BOX 223
City-St-Zip: BLOOMFIELD, MO

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
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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: DAN HOHMEISTER

MGR

01/14/2009

Electronic Signature of Signing Officer or Director

Date