2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2008 8:00 am Secretary of State DOCUMENT # P93000043808 04-04-2008 90030 050 ***150.00 1. Entity Name NATURAL DISCOVERIES SALES, INC. Principal Place of Business Mailing Address 5128 BRYWILL CIRCLE 5128 BRYWILL CIRCLE US SARASOTA, FL 34234 US SARASOTA, FL 34234 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3196804 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VARGA, DAVE Street Address (P.O. Box Number is Not Acceptable) 2238 72 AVE E SARASOTA, FL 34243 nd Zip Code 34243 8. The above named entity sulprits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE Delete TITLE Addition DEWALT, JUDITH DEWALT, JUDI 5128 BRYWILL SARASOTA, FL 34 NAME NAME HTIGUE STREET ADDRESS 5128 BRYWILL CIRCLE STREET ADDRESS CITY-ST-ZIE SARASOTA, FL 34243 CITY-ST-ZIP CFO Change ☐ Addition TITLE ☐ Delete TITLE CFU VARGA, DAVI CFO VARGA, DAVE NAME 5128 BRYWILL CIR STREET ADDRESS STREET ADORESS SARASOTA, FL 34243 CITY-ST-78P CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITS F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

City-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR