

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000044263

1. Entity Name
CELESTIAL PRODUCTS, INC.



Principal Place of Business
2502 OKEECHOBEE RD
FORT PIERCE, FL 34947

Mailing Address
PO BOX 3636
FORT PIERCE, FL 34948

2. Principal Place of Business
2010 ST. LUCIE BLVD

Suite, Apt. #, etc.

3. Mailing Address
2010 ST. LUCIE BLVD

Suite, Apt. #, etc.

City & State
FORT PIERCE, FL

City & State
FORT PIERCE, FL

Zip
34946

Country
USA

Zip
34946

Country
USA

04192006 Chg-P CR2E034 (11/05)

4. FEI Number
62-1364809

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHOAT, RAYMOND A
2402 S 19TH ST
FORT PIERCE, FL 34982

7. Name and Address of New Registered Agent

Name
RHOAT, JAN D.

Street Address (P.O. Box Number is Not Acceptable)

2402 S. 19TH ST

City
FORT PIERCE FL Zip Code
34982

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JAN D. RHOAT JAN D. RHOAT, PRESIDENT

4/21/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RHOAT, JAN D 2402 S 19TH ST FORT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GYARMATHY, DEIRDRE A 530 SE 1ST ST CAPE CORAL, FL 33990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RHOAT, ROBERT T 2402 S 19TH ST FORT PIERCE, FL 34982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN D. RHOAT JAN D. RHOAT, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 (772)464-6047

Date

Daytime Phone #

**FILED
Apr 26, 2006 8:00 am
Secretary of State**

04-26-2006 90205 018 ***150.00