2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P94000005299

Entity Name: FLYING SIDE-KICK, INC.

Current Principal Place of Business:

NATURE'S TABLE VC9
242 TOWNE CENTER CIRCL
SANFORD, FL 32771

New Principal Place of Business:

NATURAL CHOICE
242 TOWNE CENTER CIRCL
SANFORD, FL 32771

Current Mailing Address:

NATURE'S TABLE VC9
242 TOWNE CENTER CIRCL
SANFORD, FL 32771 US

New Mailing Address:

NATURAL CHOICE
548 THAMES CIRCLE
LONGWOOD, FL 32750 US

FEI Number: 59-3301359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZE, TERRY S
548 THAMES CIRCLE
LONGWOOD, FL 32750 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: D ( ) Delete
Name: MAZE, TERRY S
Address: 548 THOMAS CIRCLE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAZE, TERRY S
Address: 548 THAMES CIRCLE
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TERRY MAZE P 04/27/2004

Electronic Signature of Signing Officer or Director Date