

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000006321

FILED
Apr 12, 2009
Secretary of State

Entity Name: NATURAL ANIMAL HEALTH PRODUCTS, INC.

Current Principal Place of Business:

7000 U.S. 1 NORTH
301
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

7000 U.S. 1 NORTH
SUITE #301
ST. AUGUSTINE, FL 32095

Current Mailing Address:

7000 U.S. 1 NORTH
301
ST. AUGUSTINE, FL 32095

New Mailing Address:

7000 U.S. 1 NORTH
SUITE #301
ST. AUGUSTINE, FL 32095

FEI Number: 59-3221788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON, WAYNE T
7000 US #1 NORTH
301
SAINT AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

ELLISON, WAYNE T
7000 US #1 NORTH
3SUITE #301
SAINT AUGUSTINE, FL 32095 US

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: WAYNE T. ELLISON

04/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ELLISON, WAYNE T
Address: 7000 U.S. 1, N.
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DV () Delete
Name: ELLISON, DEBRA ANN L
Address: 7000 U.S. 1, N.
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WAYNE T. ELLISON

MR.

04/12/2009

Electronic Signature of Signing Officer or Director

Date