

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028526

Entity Name: NATURE'S THERAPY, INC.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

15402 N. NEBRASKA AVE.
SUITE 102
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

15402 N. NEBRASKA AVE.
SUITE 102
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-3329914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULER, JAMES M
1505 N. FLORIDA AVENUE
TAMPA, FL 33602 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: PD () Delete
Name: LADD, ROGER
Address: 16602 AVILA BLVD
City-St-Zip: TAMPA, FL 33613

Title: SD () Delete
Name: PAGLIARULO, ROCKY
Address: 16103 VILLARREAL DRIVE AVILA
City-St-Zip: TAMPA, FL 33618

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: ROCKY PAGLIARULO

SD

01/11/2008

Electronic Signature of Signing Officer or Director

Date