2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# P95000050504

Entity Name: GO-NATURAL HEALTH PRODUCTS, INC.

Current Principal Place of Business:

4795 WEST FLAGLER
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

4795 WEST FLAGLER
MIAMI, FL 33134

New Mailing Address:

4795 WEST FLAGLER STREET
MIAMI, FL 33134

FEI Number: 65-0730266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, PATRICIA M
13080 MIRANDA STREET
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

LOPEZ, PATRICIA M
4795 W FLAGLER ST
MIAMI, FL 33134 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: _____ 09/06/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOPEZ, PATRICIA M
Address: 13080 MIRANDA STREET
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOPEZ, PATRICIA M PRES
Address: 4795 W FLAGLER ST
City-St-Zip: MIAMI, FL 33134

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: PATRICIA LOPEZ PRES 09/06/2005
Electronic Signature of Signing Officer or Director — Date