
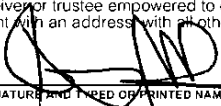


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90072 013 ***158.75

DOCUMENT # P95000085438 1. Entity Name ALL NATURAL BOTANICALS, INC.			
Principal Place of Business 8501 65TH ST N PINELLAS PARK, FL 33781 US		Mailing Address 8501 65TH ST N PINELLAS PARK, FL 33781 US	
2. Principal Place of Business 37953 TANLER RD.		3. Mailing Address 37953 TANLER RD.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DADE CITY FL		City & State DADE CITY FL	
Zip 33523		Zip 33523	
Country 		Country 	
4. FEI Number 59-3349973		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZZO, ANDREW M 8501 65TH STREET NORTH PINELLAS PARK, FL 33781		7. Name and Address of New Registered Agent Name RIZZO, ANDREW M. Street Address (P.O. Box Number is Not Acceptable) 37953 TANLER RD. City DADE CITY FL Zip Code 33523	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P RIZZO, ANDREW M 8501 65TH STREET NORTH PINELLAS PARK, FL 33781 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIZZO, ANDREW M. 37953 TANLER RD. DADE CITY, FL 33523 <input checked="" 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
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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: 		Date 1/16/06 Daytime Phone # 352-567-4020	