2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P96000018433

Entity Name: NATURE CURE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

C/O MICHAEL HUESTON
2100 24TH ST SW
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

PO BOX 1031
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 65-0656806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUESTON, JEAN
2100 24TH ST SW
LARGO, FL 33774 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: P ( ) Delete
Name: HUESTON, MICHAEL
Address: 2100 24TH ST SW
City-St-Zip: LARGO, FL 33774

Title: VPT ( ) Delete
Name: HUESTON, JEAN
Address: 2100 24TH ST SW
City-St-Zip: LARGO, FL 33774

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: HUESTON, JEAN
Address: 2100 24TH ST SW
City-St-Zip: LARGO, FL 33774

Title: VP ( ) Change (X) Addition
Name: HUESTON, MICHAEL K
Address: 2100 24TH ST SW
City-St-Zip: LARGO, FL 33774

Title: S ( ) Change (X) Addition
Name: HUESTON, JEM D
Address: 2100 24TH ST SW
City-St-Zip: LARGO, FL 33774

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: JEAN M HUESTON T 04/25/2005

Electronic Signature of Signing Officer or Director Date