

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004116

FILED
Apr 27, 2009
Secretary of State

Entity Name: NATURAL NUTRITION CENTER, INC.

Current Principal Place of Business:

10910 WEST FLAGLER STREET
SUITE 113
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

10910 WEST FLAGLER STREET
SUITE 113
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-0755807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANDON, HILDEBRANDO
10910 WEST FLAGLER STREET
SUITE 113
MIAMI, FL 33174 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: D-P () Delete
Name: BLANDON, HILDEBRANDO
Address: 10910 WEST FLAGLER STREET, SUITE 113
City-St-Zip: MIAMI, FL 33174

Title: D-VP () Delete
Name: BLANDON, YADIRA
Address: 10910 WEST FLAGLER STREET, SUITE 113
City-St-Zip: MIAMI, FL 33174

Title: D-TS () Delete
Name: BLANDON, CARLOS
Address: 10910 WEST FLAGLER STREET, SUITE 113
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: HILDEBRANDO BLANDON

D-P

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date