


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90215 001 \*\*\*150.00  
05-10-2005 90215 002 \*\*\*\*\*8.75

<b>DOCUMENT # P97000023560</b>	
1. Entity Name <b>NATURE'S SYMPHONY, INC.</b>	

Principal Place of Business <b>640 NE 16TH STREET FORT LAUDERDALE, FL 33304 US</b>	Mailing Address <b>640 NE 16TH STREET FORT LAUDERDALE, FL 33304 US</b>
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2. Principal Place of Business <i>Home</i>	3. Mailing Address <i>640 NE 16TH ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>FT. LAUDERDALE FL</i>	City & State <i>FT. LAUDERDALE FL</i>
Zip <i>33304</i>	Zip <i>33304</i>
Country <i>USA</i>	Country <i>USA</i>



04282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0738624</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ANDREOTTA, PATRICIA A 640 NE 16TH STREET FORT LAUDERDALE, FL 33304</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State <b>FL</b> Zip Code	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>D ANDREOTTA, PATRICIA A P.O. BOX 1980D HALLANDALE, FL 33008</b>	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
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
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

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Patricia A. Andreotta</i>	<i>President 5-4-05 305-799-6788</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PATRICIA A ANDREOTTA PRESIDENT</b>	