2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004
Secretary of State

DOCUMENT# P97000044551

Entity Name: NATURAL WONDERS IN MEDICINE, INC.

Current Principal Place of Business:

8020 MANASOTA KEY RD.
ENGLEWOOD, FL 34223

New Principal Place of Business:

437 HARBOUR DRIVE
DUCK KEY, FL 33050

Current Mailing Address:

8020 MANASOTA KEY RD.
ENGLEWOOD, FL 34223

New Mailing Address:

437 HARBOUR DRIVE
DUCK KEY, FL 33050

FEI Number: 65-0792903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, ROBERT E
8020MANASOTA KEY RD.
ENGLEWOOD, FL 34223

Name and Address of New Registered Agent:

WRIGHT, ROBERT E
437 HARBOUR DRIVE
DUCK KEY, FL 33050

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: _____ 03/29/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WRIGHT, ROBERT E
Address: 8020 MANASOTA KEY RD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: CARDARELLI, VALERIE J
Address: 8020 MANASOTA KEY RD.
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WRIGHT, ROBERT E
Address: 437 HARBOUR DRIVE
City-St-Zip: DUCK KEY, FL 33050

Title: D (X) Change ( ) Addition
Name: CARDARELLI, VALERIE J
Address: 437 HARBOUR DRIVE
City-St-Zip: DUCK KEY, FL 33050

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: ROBERT E. WRIGHT V.P. 03/29/2004
Electronic Signature of Signing Officer or Director — Date