


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90067 020 \*\*\*150.00

<b>DOCUMENT # P98000003485</b>	
1. Entity Name <b>HEATH'S NATURAL FOODS, INC.</b>	

Principal Place of Business <b>1333 SAXON DR. NEW SMYRNA BEACH, FL 32169</b>	Mailing Address <b>1333 SAXON DR. NEW SMYRNA BEACH, FL 32169</b>
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**20022726**

2. Principal Place of Business <b>600 E. THIRD AVE.</b>	3. Mailing Address <b>600 E. THIRD AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03122005 Chg-P CR2E034 (10/03)

City & State <b>NEW SMYRNA BCH, FL</b>	City & State <b>NEW SMYRNA BCH, FL</b>
Zip <b>32169</b>	Country <b>VOLUSIA</b>

4. FEI Number <b>59-3484996</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HEATH, THOMAS D 226 QUAY ASSISI NEW SMYRNA BEACH, FL 32169</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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	DATE

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEATH, THOMAS D 1333 SAXON DR. NEW SMYRNA BEACH, FL 32169</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMAS HEATH 600 E. THIRD AVE NEW SMYRNA BCH FL 32169</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEATH, MARIA E 1333 SAXON DR. NEW SMYRNA BEACH, FL 32169</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARIA HEATH 600 E. THIRD AVE NEW SMYRNA BCH FL 32169</b> <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
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 another like empowered.

<b>SIGNATURE:</b> <i>Thomas D. Heath</i> <b>THOMAS D. HEATH</b>	<b>3-14-05</b>	<b>386-423-5126</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #