2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000073814

1. Entity Name
NATURAL FOOD CORPORATION

Principal Place of Business	Mailing Address
7052 BERACASA WAY BOCA RATON, FL 33433	7052 BERACASA WAY BOCA RATON, FL 33433

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01152007   Chg-P   CR2E034 (12/06)

4. FEI Number
65-0859799
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELLER, HOWARD 557602 ARBOE CLUB WAY BOCA RATON, FL 33433	Name: Beller, Howard Street Address (P.O. Box Number is Not Acceptable): 7052 Beracasa Way City: Boca Raton FL Zip Code: 33433

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: _Howard Beller_   DATE: 3/22/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: BELLER, HOWARD STREET ADDRESS: 557602 ARBOR CLUB WAY CITY-ST-ZIP: BOCA RATON, FL 33433	☐ Delete	TITLE: PT NAME: STREET ADDRESS: 7052 Beracasa Way CITY-ST-ZIP: Boca Raton FL 33433	☒ Change ☐ Addition
TITLE: SVP NAME: BERRIN, ELISE STREET ADDRESS: 2530 COCO PLUM BLVD, UNIT 1002 CITY-ST-ZIP: BOCA RATON, FL 33496	☐ Delete	TITLE: NAME: STREET ADDRESS: P.O. Box 880607 CITY-ST-ZIP: Boca Raton FL 33488	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Howard Beller_   3/22/07   561-350-6033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #