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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL 11 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05202005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000082969

1. Entity Name
NATURE'S OWN INC.

Principal Place of Business	Mailing Address
950 NORTH FEDERAL HWY - SUITE 115 POMPANO BEACH, FL 33062	PO BOX 398522 MIAMI BEACH, FL 33239

2. Principal Place of Business	3. Mailing Address
5995 SW 71st Street	P.O. Box 398522
Suite, Apt. #, etc.: # 3-A	Suite, Apt. #, etc.:
City & State: South Mia - FL	City & State: Mia Bch - FL
Zip: 33143 Country: USA	Zip: 33239 Country: USA

4. FEI Number: 65-0873524 — ☐ Applied For / ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

ANGELINI, CHRIS
888 BRICKELL KEY DR. #605
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL 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 [signature] Chris Angelini (P) May 31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANGELINI, CHRIS 85 GRAND CANAL DR., STE. 207 MIAMI, FL 33144 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Angelini, Chris 888 Brikell Key Dr. #605 Mia-FL, 33131 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Angelini, Chris 888 Brickell Key Dr. #605 Mia-FL, 33131 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Chris Angelini (P) May 31/05 786-286-9936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #