

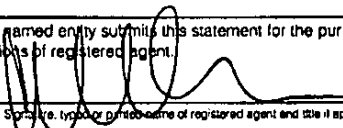
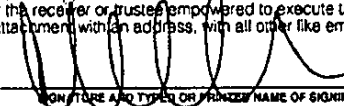
2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P98000082969 1. Entity Name NATURE'S OWN INC.					
Principal Place of Business 950 NORTH FEDERAL HWY - SUITE 115 POMPANO BEACH, FL 33062			Mailing Address PO BOX 398522 MIAMI BEACH, FL 33239		
2. Principal Place of Business 5995 SW 71ST Street Suite, Apt. #, etc. # 3-A		3. Mailing Address P.O. Box 398522 Suite, Apt. #, etc.			
City & State South Mia - FL Zip 33143		City & State Mia Bch - FL Zip 33239		4. FEI Number 65-0873524	
Country USA		Country USA		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:  Chris Angelini (P) DATE: May 31/05 Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)					
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 Brickell 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
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:  Chris Angelini (P) DATE: May 31/05 786-286-9936 Signature and typed or printed name of signing officer or director					