

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H25792

FILED
Apr 28, 2009
Secretary of State

Entity Name: NATIVE INVESTMENT CORPORATION

Current Principal Place of Business:

1216 79TH STREET S
SAINT PETERSBURG, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 40566
SAINT PETERSBURG, FL 33707 US

New Mailing Address:

1216 79TH STREET S
SAINT PETERSBURG, FL 33707 US

FEI Number: 59-2460169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT SAMUELS
1216 79TH STREET SOUTH
ST PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAMUELS, SCOTT
Address: 1216 79TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL

Title: VS () Delete
Name: SAMUELS, ALLEN R.
Address: 6234 VISTA VERDE WEST
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SCOTT SAMUELS

PRES

04/28/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date