

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034994

Entity Name: NATALIE HAYDEN, INC.

FILED  
Mar 14, 2006  
Secretary of State

## Current Principal Place of Business:

1779 ALBEMARLE ROAD  
CLEARWATER, FL 33764

## New Principal Place of Business:

5349 61ST. TERRACE NORTH  
ST.PETERSBURG, FL 33709

## Current Mailing Address:

1779 ALBEMARLE ROAD  
CLEARWATER, FL 33764

## New Mailing Address:

5349 61ST. TERRACE NORTH  
ST.PETERSBURG, FL 33709

FEI Number: 81-0545648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKEON, CAROLINE  
11404 SUNCREEK PL  
TEMPLE TERRACE, FL 33617 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: DPT ( ) Delete  
Name: HAYDEN, NATALIE  
Address: 1779 ALBEMARLE ROAD  
City-St-Zip: CLEARWATER, FL 33764

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: HAYDEN, NATALIE  
Address: 5349 61ST. TERRACE NORTH  
City-St-Zip: ST.PETERSBURG, FL 33709

I hereby certify that the information supplied with this filing does not qualify for the 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: NATALIE HAYDEN

MS

03/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date