2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P05000143139

Entity Name: NATURAL HAVENS, INC.

Current Principal Place of Business:

9350 DOUBLER BLVD STE 3013
RENO, NV 89521

New Principal Place of Business:

7971 SMOKEWOOD DRIVE
COLORADO SPRINGS, CO 80908

Current Mailing Address:

9350 DOUBLER BLVD STE 3013
RENO, NV 89521

New Mailing Address:

7971 SMOKEWOOD DRIVE
COLROADO SPRINGS, CO 80908

FEI Number: 20-3678896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASSNER, ERICA
75 SE 16TH AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

KASSNER, ERICA
184 MASSINI AVE NW
GAINESVILLE, FL 32601 US

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: 02/04/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: KASSNER, DAVID M
Address: 9350 DOUBLER BLVD STE 3013
City-St-Zip: RENO, NV 89521

Title: DTVP ( ) Delete
Name: KASSNER, CONNIE S
Address: 184 MASSINI AVE NW
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: KASSNER, DAVID M
Address: 7971 SMOKEWOOD DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80908

Title: DTVP (X) Change ( ) Addition
Name: KASSNER, CONNIE S
Address: 7971 SMOKEWOOD DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80908

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: DAVID KRASSNER DPS 02/04/2009
Electronic Signature of Signing Officer or Director — Date