2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000092710

1. Entity Name

NATURAL SELECTIONS OF SOUTH FLORIDA, INC.



FILED Apr 07, 2006 08:00 AM Secretary of State

Principal Place of Business

24305 SW 142 AVENUE

PRINCETON, FL 33032

Mailing Address

24305 SW 142 AVENUE PRINCETON, FL 33032



DO NOT WRITE IN THIS SPACE

03162006 No Chg-P		CR2E034 (11/05)			
4. FEI Number				Applied I	
65-0982			Not Appl		
5. Certificate of	of Status Desired	\$8.75 Additional Fee Required			

8. Name and Address of Current Registered Agent

WASILEWSKI, JOSEPH A 24305 SW 142ND AVENUE PRINCETON, FL 33032

DO NOT WRITE IN THIS SPACE

				11 T	THO OF ACE	
6. The above the obligat	named entity submits this statement for the pions of registered agent.	purpose of changing its regis	tered office or	registered agent, or bo	oth, in the State of Florida. I am famillar with, and a	
SIGNATURE_	Signature, typed or printed name of registered agent and title	If applicable. (NOTE Regis	tered Agent signatur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WASILEWSKI, JOSEPH A 24305 SW 142ND AVENUE PRINCETON, FL 33032					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , , ,		<u>0</u> 4	U00000495952 /21/06-80030-019 150.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	
NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 changed, or or an attachment with an address, with all other like ampowered.