

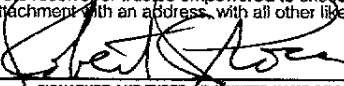


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000013194 1. Entity Name NATURAL SURFACTANT COMPANY, INC.			
Principal Place of Business 17218 TIFFANY SHORE DR LUTZ, FL 33549 US		Mailing Address 17218 TIFFANY SHORE DR LUTZ, FL 33549 US	
DO NOT WRITE IN THIS SPACE			
		04242006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3493043	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROCOPIO, ROBERT A 17218 TIFFANY SHORE DR LUTZ, FL 33549		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		UNIQUEID536165 05/08/06-80080-025 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	PROCOPIO, ROBERT A		
STREET ADDRESS	17218 TIFFANY SHORE DR		
CITY-ST-ZIP	LUTZ, FL 33549		
TITLE	D		
NAME	SCHNIEPP, BARRY P		
STREET ADDRESS	208 ECHO HOLLOW WAY		
CITY-ST-ZIP	OVEIDO, FL 32765		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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 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:  ROBERT A. PROCOPIO 4/24/06 813-949-9246		Date Daytime Phone #	