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 all other like empowered.

SIGNATURE: MICHAEL PARISCIANI

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/24/2013

Current Principal Place of Business:

72 E. MAIN ST 200 APOPKA, FL 32703

Current Mailing Address:

DOCUMENT# P0700000406

Entity Name: NATIVE BAIL BONDS, INC

72 E. MAIN ST 200 APOPKA, FL 32703 US

FEI Number: 20-8137197

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PARISCIANI, MICHAEL J 5698 RON RD ST CLOUD, FL 34771 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:

Officer/Director Detail : Title Р Title S PARISCIANI, MICHAEL J JUSTER, TAMMY Name Name 5698 RON RD 437 WILMINGTON CIRCLE Address Address City-State-Zip: OVIEDO FL 32765 City-State-Zip: ST CLOUD FL 34771

I hereby 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

Certificate of Status Desired: No

FILED Apr 24, 2013 Secretary of State CC3010820441

Date

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT