2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003953

Entity Name: NATURAL FREIGHT LTD. CORP.

FILED Sep 11, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
225 BROADWAY, SUITE 2406 NEW YORK, NY 100073001						
Current Mailing Address:				New Mailing Address:		
8685 N.W. 53RD TERRACE, SUITE 105 MIAMI, FL 33166			1251 E DYER ROAD #200 SANTA ANA, CA 927055655 US			
FEI Number: 13-2841864 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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.						
in the State of Florida. SIGNATURE:						
Electronic Signature of Registered Agent				 Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () Delete BURKHARDT, WILLY 220 ST. JAKOBSTRASSE, CH-4002 BASEL, SWITZERLAND,			Title: Name: Address: City-St-Zip:	PD (X) Change () Addition BIBLE, MICHAEL K 1251 E DYER ROAD #200 SANTA ANA, CA 927055655 US	
Title: Name: Address: City-St-Zip:	VD ()[STRUB, ALFONS 225 BROADWAY NEW YORK, NY	', SUITE 2406		Title: Name: Address: City-St-Zip:	JACKSON, RON 1251 E DYER R	
Title: Name: Address: City-St-Zip:	VD () I FREY, ARMIN 225 BROADWAY NEW YORK, NY			Title: Name: Address: City-St-Zip:	WILLIAMS, LINE 1251 E DYER R	
Title: Name: Address: City-St-Zip:	V () I JONES, PETER 2250 EAST DEVO DES PLAINES, II	ON AVE., SUITE 219		Title: Name: Address: City-St-Zip:	LEWIS-BUGG, 0 1251 E DYER R	
Title: Name: Address: City-St-Zip:	S (X) FREY, ARMIN 225 BROADWAY NEW YORK, NY			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	V (X) I FISCHER, RAINE 225 BROADWAY NEW YORK, NY	SUITE 2406		Title: Name: Address: City-St-Zip:	()	Change () Addition

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: CARYN LEWIS-BUGG S 09/11/2007