2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005333

FILED Apr 30, 2008 Secretary of State

Entity Name: NATURAL ELEMENT INTERIOR DECORATING & DESIGN, INC.

Current Principal Place of Business:		New Principal Place of Business:		
121 HIGH' MEXICO E	WAY 386 BEACH, FL 32	2456		
Current Mailing Address:			New Mailing Address:	
	FICE BOX 142 BEACH, FL 32			
El Number	: 76-0720660	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
SIGMAN, 121 HIGH' MEXICO E		2456 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
n the Stat	e of Florida. RE:	submits this statement for the		ed office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. RE: Electro			
n the Stati	e of Florida. RE: Electro	nic Signature of Registered Ac	gent	
n the Stati	e of Florida. RE: Electro mpaign Financii S AND DIREC	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete EBOX 14207	gent	Date
n the Stati SIGNATU Election Car DFFICER Title: Name: Address:	e of Florida. RE: Electro mpaign Financir S AND DIREC CPS (SIGMAN, KIM POST OFFICE MEXICO BEAC	nic Signature of Registered Aging Trust Fund Contribution (). CTORS: Delete BOX 14207 CH, FL 32410 Delete HUR BOX 14207	Jent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

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: KIM SIGMAN CPS 04/30/2008