


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

| | | | | | |
|--|--|---------------------------------|--|--|------------------------------|
| DOCUMENT # H59159 1. Entity Name NATURAL SYSTEMS ANALYSTS, INC. | | | |  | |
| Principal Place of Business 500 SOUTH DELANEY AVE ORLANDO FL 32801 | | | Mailing Address PO BOX 1598 WINTER PARK FL 32790 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2535413 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GOTTFRIED, PETER K. 500 SOUTH DELANEY AVE ORLANDO FL 32801 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | FL | Zip Code |
| 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 _____ (NOTE Registered Agent signature required when restoring) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May E-Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | GOTTFRIED, PETER K. | | NAME | | |
| STREET ADDRESS | 1841 CARROLLEE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | GOTTFRIED, SUSAN | | NAME | | |
| STREET ADDRESS | 1841 CARROLLEE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER PARK FL 23789 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | STOUT, I. JACK | | NAME | | |
| STREET ADDRESS | UNIVERSITY CENTRAL FL BIOLOGY DEPT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32816 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2535413** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 After May 1, 2006 Fee Will Be \$550.00
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ *[Handwritten Signature]* **2/25/06** **407-718 3550**