


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90087 011 \*\*\*158.75

**DOCUMENT # H59159**  
 1. Entity Name  
**NATURAL SYSTEMS ANALYSTS, INC.**



Principal Place of Business Mailing Address  
~~500 SOUTH DELANEY AVE~~ PO BOX 1598  
 ORLANDO FL 32801 WINTER PARK FL 32790



2. Principal Place of Business - No P.O. Box #  
**1841 Carollee Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**Winter Park, FL**

City & State

Zip  
**32789** Country

Zip Country

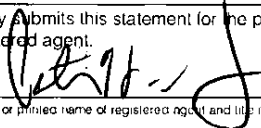
4. FEI Number **59-2535413** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOTTFRIED, PETER K.**  
**500 SOUTH DELANEY AVE**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1841 Carollee Lane**  
 City **Winter Park** **FL** Zip Code **32789**

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  **Peter K. Gottfried** DATE **1/31/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

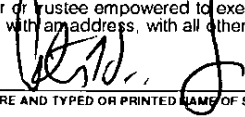
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GOTTFRIED, PETER K. 1841 CARROLLEE LANE WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOTTFRIED, SUSAN 1841 CARROLLEE LANE WINTER PARK FL 23789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STOUT, I. JACK UNIVERSITY CENTRAL FL BIOLOGY DEPT. ORLANDO FL 32816	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Peter K. Gottfried** Date **2/12/07** Daytime Phone # **407 718 3880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR