

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 16, 2009
Secretary of State**

DOCUMENT# H59159

Entity Name: NATURAL SYSTEMS ANALYSTS, INC.

Current Principal Place of Business:

1841 CAROL LEE LANE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

PO BOX 1598
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 59-2535413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOTTFRIED, PETER K.
1841 CAROL LEE LANE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GOTTFRIED, PETER K.
Address: 1841 CARROLLEE LANE
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: GOTTFRIED, SUSAN
Address: 1841 CARROLLEE LANE
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: STOUT, I. JACK
Address: UNIVERSITY CENTRAL FL BIOLOGY DEPT.
City-St-Zip: ORLANDO, FL 32816

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SUMNER, DEAN
Address: 7408 S DE SOTO ST
City-St-Zip: TAMPA, FL 33616 US

Title: D () Change (X) Addition
Name: NICHOLS, NICK
Address: 3802 DANA SHORES DRIVE
City-St-Zip: TAMPA, FL 33634

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: PETER K. GOTTFRIED

P

09/16/2009

Electronic Signature of Signing Officer or Director

_____ Date