

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59159

FILED
May 08, 2012
Secretary of State

Entity Name: NATURAL SYSTEMS ANALYSTS, INC.

Current Principal Place of Business:

201 W. CANTON AVE.
SUITE C
WINTER PARK, FL 32789

New Principal Place of Business:

201 W. CANTON AVE.
SUITE C
WINTER PARK, FL 32789 UN

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 ()

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
Name: GOTTFRIED, PETER K.
Address: 1841 CARROLLEE LANE
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: GOTTFRIED, SUSAN
Address: 1841 CARROLLEE LANE
City-St-Zip: WINTER PARK, FL 32789

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

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

Title: S
Name: NICHOLS, NICK
Address: 3802 DANA SHORES DRIVE
City-St-Zip: TAMPA, FL 33634

I hereby 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 all other like empowered.

SIGNATURE: PETER K. GOTTFRIED

P

05/08/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date