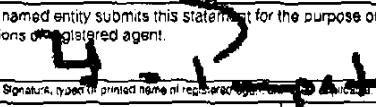
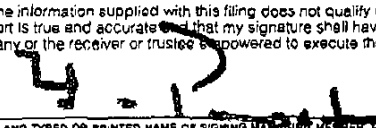


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JUL 18 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                             |                                                                                                                                  |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # L07000010048                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                 |                                                                   |
| 1. Entity Name<br>NATURAL GUIDANCE, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                                                                                                  |                                                                   |
| Principal Place of Business<br>5703 RED BUG LAKE RD.<br>SUITE 416<br>WINTER SPRINGS, FL 32708 US                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             | Mailing Address<br>5703 RED BUG LAKE RD.<br>SUITE 416<br>WINTER SPRINGS, FL 32708 US                                             |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br>5703 Red Bug Lake Rd                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | 3. Mailing Address<br>5703 Red Bug Lake Rd                                                                                       |                                                                   |
| Suite, Apt. #, etc.<br>190                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             | Suite, Apt. #, etc.<br>#190                                                                                                      |                                                                   |
| City & State<br>Winter Springs FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             | City & State<br>Winter Springs, FL                                                                                               |                                                                   |
| Zip<br>32708                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             | Country<br>USA                                                                                                                   |                                                                   |
| 4. FEI Number<br>20-8040437                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                             | Applied For<br>Not Applicable                                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             |                                                                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br>PROPSTER, MITCHELL A<br>5703 RED BUG LAKE RD.<br>SUITE 416<br>WINTER SPRINGS, FL 32708                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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, the registered agent.                                                                                                                                                                                                                                                                    |                                                                                                                             |                                                                                                                                  |                                                                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             | Date                                                                                                                             |                                                                   |
| FILE NOW!!! FEE IS \$138.75<br>Due by September 12, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.                       |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                             | Make check payable to<br>Florida Department of State                                                                             |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             | 10. ADDITIONS/CHANGES                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGR<br>PROPSTER, MITCHELL A<br>5703 RED BUG LAKE RD., SUITE 416<br>WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate, that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. |                                                                                                                             |                                                                                                                                  |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                             | 7-18-08 407671-SS2S                                                                                                              |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             | Date                                                                                                                             |                                                                   |