2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L49532

Entity Name: GONE NATIVE, INC.

FILED Aug 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

551 SW 63RD TERRACE PLANTATION, FL 33317

Current Mailing Address: New Mailing Address:

% NANCY M. MCKENNEY 551 SW 63RD TERRACE 551 S.W. 63RD TERRACE PLANTATION, FL 33317 PLANTATION, FL 33317

FEI Number: 65-0176223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCKENNEY, NANCY M.
551 S.W. 63RD TERR
PLANTATION, FL 33317 US

MCKENNEY, WILLIAM J
551 S.W. 63RD TERR
PLANTATION, FL 33317 US

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: WILLIAM J. MCKENNEY 08/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 MCKENNEY, NANCY
 Name:
 MCKENNEY, WILLIAM J

 Address:
 551 SW 63RD TERR
 Address:
 551 SW 63RD TERR

 City-St-Zip:
 PLANTATION, FL 33317
 City-St-Zip:
 PLANTATION, FL 33317

Title: D (X) Delete Title: () Change () Addition

 Name:
 MCKENNEY, BILL
 Name:

 Address:
 551 SW 63RD TERR
 Address:

 City-St-Zip:
 PLANTATION, FL 33317
 City-St-Zip:

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: WILLIAM J. MCKENNEY D,P 08/11/2009