2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P00000071005 08-29-2005 90153 001 *2,375.00 1. Entity Name NATURALENE INC. Principal Place of Business Mailing Address 00046333 14955 GULF BOULEVARD 14955 GULF BOULEVARD SUITE 5 SUITE 5 MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708 2. Principal Place of Business 3. Mailing Address 14955 Gulf Boulevard 1.4955 Gulf Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 2 08242005 CR2E034 (10/03) Chg-P Suite 2 City & State City & State 4. FEI Number Applied For Madeira Madeira Beach, FL: 59-3672551 Not Applicable Beach. Zip Country \$8.75 Additional 5. Certificate of Status Desired 33708 33708 Fee Required 115 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUNNING, RANDAL P <u>Gunning, Randal P.</u> Street Address (P.O. Box Number is Not Acceptable) 14955 GULF BOULEVARD 14955 Gulf Boulevard SUITE 5 MADEIRA BEACH, FL 33708 Suite 2 Cily Madeira Beach Zip Code 33708 8. The above named exitity su for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept mits thi **R**tateme the obligations of registered age Registered Agent 8/23/05 SIGNATUR red agent and title applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ت ∆tia ت ☐ Addition ☐ Defete THILE **PSTD** GUNNING, RANDAL P NAME NAME Gunning, Randal P. STREET ADDRESS 14955 GULF BOULEVARD STREET ADDRESS 14955 Gulf Boulevard, Suite 2 MADEIRA BEACH, FL 33708 CITY-ST-ZIP CITY ST-7P Madeira Beach, FL 33708 TITLE Delete ☐ Addition MILE D **GUNNING, DARLENE** NAME NAME Gunning, Darlene 14955 Gulf Boulevard, Suite 2 14955 GULF BOULEVARD, SUITE 5 STREET ADDRESS STREET ADDRESS MADEIRA BEACH, FL 33708 CITY-ST-ZIP CITY-ST-ZIP Madeira Beach, FL TITLE ☐ Delete TITLE ΠCharle Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete □ C¹... ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that 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 of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Bloch changed, or on an attachment with an address, with all other like empowered. er or director President 8/23/05 727-391-5512 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FILED

Aug 29, 2005 8:00 am

Daytime Pr