


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90182 001 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P00000071005</b><br>1. Entity Name<br><b>NATURALENE INC.</b>   |  |   |   |    |  |
| Principal Place of Business<br><b>14955 GULF BOULEVARD<br/>SUITE 2<br/>MADEIRA BEACH, FL 33708 US</b>  |  |   | Mailing Address<br><b>14955 GULF BOULEVARD<br/>SUITE 2<br/>MADEIRA BEACH, FL 33708 US</b>                           |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |   | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |   | Suite, Apt. #, etc.   |   |  |
| City & State   |  |   | City & State  |   |  |
| Zip  |  | Country   |   | Zip   |  |
| Country  |  | Country   |   | 4. FEI Number<br><b>59-3672551</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GUNNING, RANDAL P<br/>14955 GULF BOULEVARD<br/>SUITE 2<br/>MADEIRA BEACH, FL 33708</b>   |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 registered agent.<br>SIGNATURE <u><i>Randal P. Gunning</i></u> <u><i>R. P. Gunning</i></u> <u>4/23/07</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-attesting) DATE</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSTD<br>GUNNING, RANDAL P<br>14955 GULF BOULEVARD SUITE 2<br>MADEIRA BEACH, FL 33708 | <input type="checkbox"/> Delete                                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VICE PRESIDENT<br/>VOGT, EDWIN<br/>14955 GULF BOULEVARD<br/>MADEIRA BEACH, FL 33708</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GUNNING, DARLENE<br>14955 GULF BOULEVARD SUITE 2<br>MADEIRA BEACH, FL 33708     | <input checked="" 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  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | 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  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | 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  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| 12. 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 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered. |  |   |   |   |  |
| SIGNATURE: <u><i>Randal P. Gunning</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <u>4/23/07</u> <u>727-391-5512</u><br><small>Date Daytime Phone #</small>   |   |  |