


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P0000071194</b><br>1. Entity Name<br><b>NATALIE'S PERSONAL SERVICES, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>3705 SKYLINE DRIVE<br>JENSEN BEACH, FL 34957 | Mailing Address<br>3705 SKYLINE DRIVE<br>JENSEN BEACH, FL 34957 |
|---|---|

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01042008 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1033236</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

HATIC, HAAS A ESQ  
 GREENSPOON MARDER HIRSCHFELD ET AL.  
 100 W CYPRESS CREEK RD. SUITE 700  
 FORT-LAUDERDALE, FL 33309

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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>REED, NATALIE<br>3705 SKYLINE DR<br>JENSEN BEACH, FL 34957 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000834171  
 02/28/08-80042-005 150.00

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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 like empowered.

SIGNATURE: Natalie Reed      2-13-08      772.33

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #