

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025137

FILED
Feb 26, 2007
Secretary of State

Entity Name: NATURAL FLORIDA ECOSYSTEMS, INC.

Current Principal Place of Business:

484 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

484 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

FEI Number: 59-3733763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B & C CORPORATE SERVICES OF CENTRAL FLORID
390 N ORANGE AVE STE 1100
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: ATKINS, JOHN N
Address: P.O.BOX 188
City-St-Zip: NSB, FL 32170 US

Title: VPT () Delete
Name: BRADOW, STUART N
Address: 201 SHERYL DR.
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: ATKINS, JOHN N
Address: 711 S. ATLANTIC AVE. #503
City-St-Zip: NSB, FL 32169 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN N. ATKINS

PS

02/26/2007

Electronic Signature of Signing Officer or Director

Date