

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032394

Entity Name: NATURE'S CALL INC.

FILED  
Apr 16, 2007  
Secretary of State

## Current Principal Place of Business:

777 E. MERRITT ISLAND CSWY  
D-10  
MERRITT ISLAND, FL 32952

## Current Mailing Address:

777 E. MERRITT ISLAND CSWY  
D-10  
MERRITT ISLAND, FL 32952

## New Principal Place of Business:

777 E. MERRITT ISLAND CSWY  
#368  
MERRITT ISLAND, FL 32952

## New Mailing Address:

777 E. MERRITT ISLAND CSWY  
#368  
MERRITT ISLAND, FL 32952

FEI Number: 59-3717788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SELKOWITZ, ROBYN G  
777 E. MERRITT ISLAND CSWY  
D-10  
MERRITT ISLAND, FL 32952 US

## Name and Address of New Registered Agent:

SELKOWITZ, ROBYN G  
777 E. MERRITT ISLAND CSWY  
#368  
MERRITT ISLAND, FL 32952 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:

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SELKOWITZ, ROBYN G  
Address: 777 E. MERRITT ISLAND CSWY  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V (X) Delete  
Name: SEAMAN, ALLAN J  
Address: 777 E. MERRITT ISLAND CSWY  
City-St-Zip: MERRITT ISLAND, FL 32952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBYN GAIL SELKOWITZ

PRES

04/16/2007

Electronic Signature of Signing Officer or Director

Date