

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135136

Entity Name: SECOND NATURE INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

26 WINDING CREEK WAY
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

8 MAGNOLIA LANE
ORMOND BEACH, FL 32174 US

Current Mailing Address:

26 WINDING CREEK WAY
ORMOND BEACH, FL 32174 US

New Mailing Address:

8 MAGNOLIA LANE
ORMOND BEACH, FL 32174 US

FEI Number: 61-1435002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCBRIDE, THOMAS R
26 WINDING CREEK WAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

MCBRIDE, THOMAS R
8 MAGNOLIA LANE
ORMOND BEACH, FL 32174 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: THOMAS R. MCBRIDE

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCBRIDE, THOMAS R
Address: 26 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCBRIDE, THOMAS R
Address: 8 MAGNOLIA LANE
City-St-Zip: ORMOND BEACH, FL 32174 US

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: THOMAS R. MCBRIDE

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date