2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000032825

1. Entity Name

NATURAL RESOURCE NETWORK, INC.

Principal Place of Business	Mailing Address
P O BOX 81 VERO BEACH FL 32961	P O BOX 81 VERO BEACH FL 32961

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0974936 ☐ Applied For ☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OLDS, STEVEN J
750 BLACKPINE DR
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 acc the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	U00000547916	☐ Change ☐ Ad
NAME	OLDS, STEVEN J		NAME	05/12/06--80040--017 150.00	
STREET ADDRESS	P O BOX 81		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32961		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Ad
NAME	OLDS, NANCY S		NAME		
STREET ADDRESS	P O BOX 81		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32961		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatio 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 direct 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature], STEVEN J. OLDS 4.28.06 772-770.2910