2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

NATURPAND TYPED OR PRINTED NAME OF SIGNING OF

Mar 28, 2005 8:00 am Secretary of State 03-28-2005 90047 043 ***150.00 DOCUMENT # P03000146534 1. Entity Name NATIVE DESIGNS, INC. 4000JUV**U** Principal Place of Business Mailing Address 661 BLANDING BLVD., STE. 103 661 BLANDING BLVD., STE. 103 PMB 378 PMB 378 ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 51-049-149n Not Applicable _Country _Zip_____ -- Country----\$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAYE, L.B. JR. Street Address (P.O. Box Number is Not Acceptable) 795-C BLANDING BLVD. ORANGE PARK, FL 32065 City 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 accept 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 ξDį Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ÇD TITLE ☐ Defete TITLE ☐ Change ☐ Addition SULLIVAN, JEFFREY A NAME NAME 661 BLANDING BLVD., STE. 103 STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change ☐ Addition PERKINS, DANIEL T NAME MAME 661 BLANDING BLVD., STE. 103 STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE ☐ Change ☐ Addition 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 exemption stated in Section 119.07(3)(i), 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 and other like empowered. SIGNATURE:

FILED