


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000001001	
1. Entity Name NATALIA KORNIENKO, P.A.	

Principal Place of Business 1905 SE 26TH TERRACE CAPE CORAL, FL 33904 US	Mailing Address 1905 SE 26TH TERRACE CAPE CORAL, FL 33904 US
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04152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0576161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  KORNIENKO, NATASHA 1905 SE 16TH TERRACE CAPE CORAL, FL 33904
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

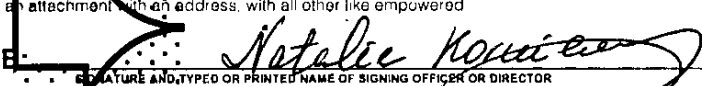
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORNIENKO, NATASHA 1828 SE 6TH ST. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C,P KORNIENKO, NATASHA 1828 SE 6TH ST. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,S KORNIENKO, NATASHA 1828 SE 6TH ST. CAPE CORAL, FL 33990
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05/01/07-80143-012 150.00

**DO NOT WRITE  
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12. I certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information in 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; and that I am a duly authorized officer 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 on an attachment with an address, with all other like empowered.

**SIGN HERE**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-20-07** **(239) 458-5064**  
Date Daytime Phone #