

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001541

Entity Name: NATURESYNERGY, INC.

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

3955 DEER CROSSING CT #202  
NAPLES, FL 34114

## New Principal Place of Business:

## Current Mailing Address:

3955 DEER CROSSING CT #202  
NAPLES, FL 34114

## New Mailing Address:

FEI Number: 75-3016128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAGUIRE, SHELLY  
3955 DEER CROSSING CT #202  
NAPLES, FL 34114 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MAGUIRE, SHELLY  
Address: 3955 DEER CROSSING CT #202  
City-St-Zip: NAPLES, FL 34114

Title: VT ( ) Delete  
Name: TEDESCO, FRANK  
Address: 3955 DEER CROSSING CT #202  
City-St-Zip: NAPLES, FL 34114

Title: S ( ) Delete  
Name: WEINER, FELICIA  
Address: 10711 BRIDLESPUR DR  
City-St-Zip: KANSAS CITY, MI 64114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SHELLY MAGUIRE

DP

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date