2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 02, 2007 08:00 AM DOCUMENT # P05000134990 **Secretary of State** 1. Entity Name NATALIE FINANCING GROUP, INC. Principal Place of Business Mailing Address 9115 NW 93RD STREET 9115 NW 93RD STREET MEDLEY, FL 33178 MEDLEY, FL 33178 01302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3576208 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARQUEZ, OLGA DO NOT WRITE 9115 NW 93RD STREET MEDLEY, FL 33178 IN THIS SPACE 4. 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: Regimered Agent eignature required when ministating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARQUEZ, OLGA 9115 NW 93RD STREET STREET ADDRESS CITY-ST-ZIP MEDLEY, FL 33178 TITLE U00000617347 02/07/07-80072-002 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

12. I hereby 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 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 with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZP TITLE NAÆ STREET ADDRESS CITY-ST-ZP

ED NAME OF BIGHING OFFICER OR DIRECTOR

305 488-0050