2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P06000043289

Entity Name: NATIVE SOLUTIONS, INC.

Current Principal Place of Business:

4495 S HOPKINS AVE SUITE B
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

4495 S HOPKINS AVE SUITE B
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 20-4755856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, WILLIAM
4495 S HOPKINS AVE SUITE B
TITUSVILLE, FL 32780 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: C,T ( ) Delete
Name: BARNES, PATRICIA A
Address: 4495 S HOPKINS AVE SUITE B
City-St-Zip: TITUSVILLE, FL 32780

Title: S,D ( ) Delete
Name: HESS, LOREN H
Address: 4495 S HOPKINS AVE, SUITE B
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: BARNES, PATRICIA A
Address: 4495 S HOPKINS AVE SUITE B
City-St-Zip: TITUSVILLE, FL 32780

Title: CP (X) Change ( ) Addition
Name: BARNES, MARICELA
Address: 4495 S HOPKINS AVE, SUITE B
City-St-Zip: TITUSVILLE, FL 32780

Title: DV ( ) Change (X) Addition
Name: BARNES, CHRISTOPHER P
Address: 4495 S HOPKINS AVE, SUITE B
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA A BARNES SEC 04/29/2008

Electronic Signature of Signing Officer or Director — Date