2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P06000076053

Entity Name: NATIVE CONTROL INC

Current Principal Place of Business:

3401 S US HIGHWAY 1
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

PO BOX 7453
PORT SAINT LUCIE, FL 34985

New Mailing Address:

FEI Number: 87-0794601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

SCARMARDO, TIFFANY L VP
1191 SW ALEXANDRIA AVE
PORT ST LUCIE, FL 34953 US

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: TIFFANY L SCARMARDO 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ENGLISH, JOHN L JR
Address: 7111 GULLOTTI PLACE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP ( ) Delete
Name: SCARMARDO, TIFFANY L
Address: 1191 SW ALEXANDRIA AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: TR ( ) Delete
Name: HASSELL, ELIZABETH H
Address: 2646 VICTORY BLVD
City-St-Zip: VERO BEACH, FL 32960

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 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: TIFFANY L SCARMARDO VP 05/01/2009
Electronic Signature of Signing Officer or Director Date