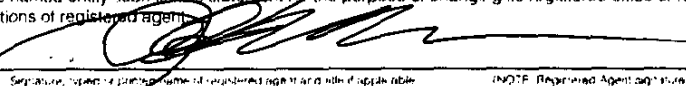
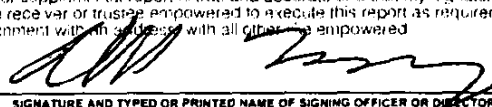


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90181 009 ***150.00

DOCUMENT # P06000131117 1. Entity Name NATURALLY FRESH SCENTS, INC.			
Principal Place of Business 12524 GEMSTONE COURT FT MYERS, FL 33913		Mailing Address C/O ROBERT D. ROYSTON, JR., ESQ. PO DRAWER 60205 FT MYERS, FL 33906	
2. Principal Place of Business - No P.O. Box # 1217 E CAROL Pkwy		3. Mailing Address P.O. Drawer 60205	
Suite, Apt. #, etc. P.O. Box 92		Suite, Apt. #, etc. c/o John M. Wicker, P.A.	
City & State Cap Coral FL		City & State Fort Myers FL	
Zip 33904		Zip 33906	
Country Lee		Country Lee	
4. FEI Number 20-5732564		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, JR., ROBERT D ESQ. COSTELLO & ROYSTON, LLP 12670 NEW BRITTANY BLVD., STE 101 FT MYERS, FL 33907		7. Name and Address of New Registered Agent JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907	
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 reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPT TOURONY, RONALD J 12524 GEMSTONE COURT FT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	OPST ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPSD TOURONY, LISA A 12524 GEMSTONE COURT FT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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 the empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
4/27/08 239 573-7374			