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	Mailing Address
12524 GEMSTONE COURT FT MYERS, FL 33913	C/O ROBERT D. ROYSTON,JR., ESQ. PO DRAWER 60205 FT MYERS, FL 33906

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1217 E Cape Coral Pkwy	P.O. Drawer 60205
Suite, Apt. #, etc. P.O. Box 92	Suite, Apt. #, etc. c/o John M. Wicker, P.A.
City & State Cape Coral Fl	City & State Fort Myers FL
Zip 33904 Country	Zip 33906 Country Lee

01182008 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
ROYSTON, JR.,, ROBERT D ESQ. COSTELLO & ROYSTON, LLP 12670 NEW BRITTANY BLVD., STE 101 FT MYERS, FL 33907	Name / Street: JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City / Zip Code

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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-ST-ZIP	DPT TOURONY, RONALD J 12524 GEMSTONE COURT FT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OPST	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD TOURONY, LISA A 12524 GEMSTONE COURT FT MYERS, FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 4/22/08 239 573-7374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #