

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116718

Entity Name: NATURAL SELECTION EXOTICS, INC.

FILED
Aug 19, 2008
Secretary of State

Current Principal Place of Business:

5340 CYPRESS ROAD
PLANTATION, FL 33317

New Principal Place of Business:

5340 CYPRESS RD
PLANTATION, FL 33317

Current Mailing Address:

5340 CYPRESS ROAD
PLANTATION, FL 33317

New Mailing Address:

5340 CYPRESS RD
PLANTATION, FL 33317

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OFFOLTER, SAMUEL
5340 CYPRESS ROAD
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

OFFOLTER, SAMUEL P MR
5340 CYPRESS RD
PLANTATION, FL, FL 33317 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: ENID OFFOLTER

08/19/2008

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: OFFOLTER, SAMUEL
Address: 5340 CYPRESS ROAD
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: OFFOLTER, ENID
Address: 4340 CYPRESS ROAD
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OFFOLTER, SAMUEL P MR
Address: 5340 CYPRESS RD,
City-St-Zip: PLANTATION, FL 33317

Title: VP (X) Change () Addition
Name: OFFOLTER, ENID M MRS
Address: 5340 CYPRESS RD,
City-St-Zip: PLANTATION, FL 33317

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: ENID OFFOLTER

VP

08/19/2008

Electronic Signature of Signing Officer or Director

Date