2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116718

PLANTATION, FL 33317

City-St-Zip:

Entity Name: NATURAL SELECTION EXOTICS, INC.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5340 CYPRESS RD PLANTATION, FL 33317 **Current Mailing Address: New Mailing Address:** 5340 CYPRESS RD PLANTATION, FL 33317 FEI Number: 26-1300678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OFFOLTER, SAMUEL P MR OFFOLTER, SAMUEL P MR 5340 CYPRÉSS RD 5340 CYPRÉSS RD PLANTATION, FL, FL 33317 US PLANTATION, 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: 03/27/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition OFFOLTER, SAMUEL P MR Name: Name: 5340 CYPRESS RD, Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: OFFOLTER, ENID M MRS Name: 5340 CYPRESS RD, Address: 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.

Ρ SIGNATURE: SAMUEL OFFOLTER 03/27/2009