

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000054017

Entity Name: NGC NATURAL CORP

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

10801 NW 50 ST  
201  
DORAL, FL 33178

## New Principal Place of Business:

10805 NW 89 TERRACE  
213  
DORAL, FL 33178

## Current Mailing Address:

10801 NW 50 ST  
201  
DORAL, FL 33178

## New Mailing Address:

10805 NW 89 TERRACE  
213  
DORAL, FL 33178

FEI Number: 26-2736564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAIR, NICCOLE  
10801 NW 50 ST  
201  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

FAIR, NICCOLE  
10805 NW 89 TERRACE  
213  
DORAL, FL 33178 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: FAIR NICCOLE

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FAIR, NICCOLE  
Address: 10801 NW 50 ST # 201  
City-St-Zip: DORAL, FL 33178 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FAIR, NICCOLE  
Address: 10805 NW 89 TERRACE # 213  
City-St-Zip: DORAL, FL 33178 US

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: FAIR NICCOLE

PDT

04/17/2009

Electronic Signature of Signing Officer or Director

Date