


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90224 021 ***158.75

-PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08783
 1. Corporation Name
NATURAL ENERGY UNLIMITED, INC.

Principal Place of Business 108 ROYAL STREET NEW ORLEANS LA 70130	Mailing Address 108 ROYAL STREET NEW ORLEANS LA 70130
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/08/1986
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 72-0902131
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip
26. Country	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent STACKHOUSE, SUSAN C/O FENTON HILL FLORIDA, INC. TAMPA INTERNATIONAL AIRPORT, LEVEL 3 TAMPA FL 33607	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81. Name Kim Gambini</td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable) 4588 Church Road</td> </tr> <tr> <td>83. City Callahan</td> </tr> <tr> <td>84. State FL</td> </tr> <tr> <td>85. Zip Code 32011</td> </tr> </table>	81. Name Kim Gambini	82. Street Address (P.O. Box Number is Not Acceptable) 4588 Church Road	83. City Callahan	84. State FL	85. Zip Code 32011
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83. City Callahan						
84. State FL						
85. Zip Code 32011						

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Kim Gambini (KIM GAMBINI) DATE 1-6-99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENUTIS, RUTH ANN	1.2 NAME	
STREET ADDRESS	108 ROYAL STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALTEAU, PAUL	2.2 NAME	VALTEAU, PAUL
STREET ADDRESS	4000 DANNEEL STREET	2.3 STREET ADDRESS	108 Royal St.
CITY-ST-ZIP	NEW ORLEANS LA	2.4 CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth Ann Menutis DATE 1-21-99 DAYTIME PHONE # 504/525-6887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)