

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031790

FILED
Apr 26, 2007
Secretary of State

Entity Name: THE NAME IS NATURAL INC.

Current Principal Place of Business:

99 EGLIN PARKWAY
SUITE 43
FORT WALTON, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

395 CANTERBURY CIRCLE
FT. WALTON, FL 32548

New Mailing Address:

FEI Number: 59-3183431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIDWELL, SUSAN
395 CANTERBURY CIR.
FT. WALTON, FL 32548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: BRIDWELL, SUSAN
Address: 395 CANTERBURY CIRCLE
City-St-Zip: FORT WALTON, FL

Title: VP () Delete
Name: BRIDWELL, MICHAEL K
Address: 395 CANTERBURY CIRCLE
City-St-Zip: FT WALTON BEACH, FL

Title: S () Delete
Name: TAYLOR, MARY K
Address: 64 6TH AVENUE
City-St-Zip: SHALIMAR, FL

Title: D () Delete
Name: BRIDGES, ANGELA
Address: 394 CANTERBURY CIR
City-St-Zip: FT. WALTON, FL 32548

Title: C () Delete
Name: BRIDGES, JAMES
Address: 394 CANTERBURY CIR.
City-St-Zip: FT. WALTON, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DANIELS, DEBORAH
Address: 335 JAMESTOWN
City-St-Zip: FT. WALTON, FL 32548

Title: C (X) Change () Addition
Name: GALLEGOS, JENNIFER
Address: 115 HUGHES APT A2
City-St-Zip: FT. WALTON, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN BRIDWELL

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date