

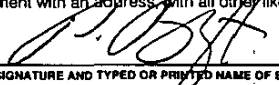


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90080 007 ***158.75

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|---|---|---|--|
| DOCUMENT # P99000063653 | |  | |
| 1. Entity Name 2ND NATURE PRODUCTIONS, INC. | | | |
| Principal Place of Business ATTN: WES HOLDEN 420 E ORLANDO ST ORLANDO, FL 32803 | | Mailing Address ATTN: WES HOLDEN 420 E ORLANDO ST ORLANDO, FL 32803 | |
| 2. Principal Place of Business 1604 W. Princeton St. | | 3. Mailing Address 1604 W. Princeton St. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Orlando, FL | | City & State Orlando, FL | |
| Zip 32804 | | Zip 32804 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-3587564 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLIGHT, PRISCILLA 916 W STETSON ST ORLANDO, FL 32804 | | 7. Name and Address of New Registered Agent Name Wes Holden Street Address (P.O. Box Number is Not Acceptable) 315 E. Smith Street City Orlando FL Zip Code 32804 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE  | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLIGHT, PRISCILLA J 916 W. STETSON ST. ORLANDO, FL 32804 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.O. Blight, Priscilla J. 3042 Palm Street San Diego, CA 92104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HOLDEN, WES 910 E. WASHINGTON ST. ORLANDO, FL 32801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Holden, Wes 315 E. Smith Street Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | Date 4/5/05 Daytime Phone # PRISCILLA BLIGHT PRESIDENT 3214869369 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |