

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063653

FILED  
May 01, 2007  
Secretary of State

Entity Name: 2ND NATURE PRODUCTIONS, INC.

**Current Principal Place of Business:**

1604 W PRINCETON ST  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1604 W PRINCETON ST  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 59-3587564      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLDEN, WES  
315 E SMITH STREET  
ORLANDO, FL 32804    US

**Name and Address of New Registered Agent:**

HOLDEN, WES  
1604 W PRINCETON STREET  
ORLANDO, FL 32804    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: WESLEY HOLDEN

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BLIGHT, PRISCILLA J  
Address: 3042 PALM STREET  
City-St-Zip: SAN DIEGO, CA 92104

Title: VP ( ) Delete  
Name: HOLDEN, WES  
Address: 315 E SMITH STREET  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BLIGHT, PRISCILLA J  
Address: 1604 W PRINCETON STREET  
City-St-Zip: ORLANDO, FL 32804

Title: VP (X) Change ( ) Addition  
Name: HOLDEN, WES  
Address: 1604 W PRINCETON STREET  
City-St-Zip: ORLANDO, FL 32804

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: PRISCILLA BLIGHT

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date