2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Jan 16, 2007 08:00 AM DOCUMENT # \$48762 **Secretary of State** NATURAL HABITATS, INC. Principal Place of Business Mailing Address **3001 SW 121ST AVENUE 4085 SW HONEY TERRACE** DAVIE, FL 33330 US PALM CITY, FL 34990 US No Chg-P CR2E034 (11/05) 01092007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0263749 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JIMRUSTI, INGRID DO NOT WRITE 4085 SW HONEY TERRACE PALM CITY, FL 34990 IN THIS SPACE 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. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JIMRUSTI, INGRID 4085 SW HONEY TERRACE STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990

000000587572 01/17/07-80037-017 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 altachment with an

Ingrid Jimrusti 1-9-07