


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90074 026 ***150.00

DOCUMENT # S87318 1. Entity Name NATURAL SCIENTIFIC, INC.	
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Principal Place of Business 5486 FAIRCHILD ROAD CRESTVIEW FL 32536	Mailing Address P.O. BOX 5188 NICEVILLE FL 32578 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent SANDERS, JEAN S 4629 PARADISE ISLES DESTIN FL 32541	7. Name and Address of New Registered Agent Name Brooks, Jean S. (marriage) Street Address (P.O. Box Number is Not Acceptable) 4629 Paradise Isles City Destin FL Zip Code 32541
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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 *Jean Brooks* DATE 1/21/05

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME P SANDERS, JEAN S. STREET ADDRESS PO BOX 5188 CITY-ST-ZIP NICEVILLE FL 32578		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Brooks, Jean S. STREET ADDRESS PO Box 5188 CITY-ST-ZIP Niceville, FL 32578	
TITLE <input type="checkbox"/> Delete NAME C SHANKLIN, CHARLES E STREET ADDRESS PO BOX 5188 CITY-ST-ZIP VIEQUES PR 00765		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME ST SHANKLIN, CHARLES R STREET ADDRESS 1763 OSPREY COVE CITY-ST-ZIP NICEVILLE FL 32578		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Shanklin, Charles R STREET ADDRESS 1426 Rum Still Circle CITY-ST-ZIP Niceville FL 32578	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

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: *Jean Brooks* DATE 1/21/05 850-897-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR