2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87318

Entity Name: NATURAL SCIENTIFIC, INC.

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

950 BAY DRIVE 21758 BILL BENTON LANE NICEVILLE, FL 32578 ANDALUSIA, AL 36421

Current Mailing Address: New Mailing Address:

P.O. BOX 5188 21758 BILL BENTON LANE NICEVILLE, FL 32578 US ANDALUSIA, AL 36421

FEI Number: 59-3091825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BROOKS, JEAN S
950 BAY DRIVE
P.O. BOX 5233
NICEVILLE, FL 32578 US
SHANKLIN, CHARLES E
249 ANTIQUA WAY
NICEVILLE, FL 32578 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: CHARLES E. SHANKLINH 02/03/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 BROOKS, JEAN S
 Name:
 ATES, RICK

 Address:
 PO BOX 5188
 Address:
 4672 COLE LANE

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 HOLT, FL 32564

Title: C () Delete Title: C (X) Change () Addition
Name: SHANKLIN, CHARLES E Name: SHANKLIN, CHARLES E

 Name:
 SHANKLIN, CHARLES E
 Name:
 SHANKLIN, CHARLES E

 Address:
 PO BOX 5188
 Address:
 249 ANTIQUA WAY

 City-St-Zip:
 VIEQUES, PR 00765
 City-St-Zip:
 NICEVILLE,, FL 32578

Title: ST () Delete Title: ST (X) Change () Addition

Name:SHANKLIN, CHARLES RName:BLOCKER, CYNTHIA GAddress:1421 RUM STILL CIRCLEAddress:4424 RANDAL BLOCKER BLVDCity-St-Zip:NICEVILLE, FL 32578City-St-Zip:CRESTVIEW, FL 32539

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: CHARLES E. SHANKLIN C 02/03/2009