

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JAN -5 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000115886 1. Entity Name ANP INFINITY DAY SPA, INC.			
Principal Place of Business 31473 US 19 NORTH PALM HARBOR, FL 34684		Mailing Address 31473 US 19 NORTH PALM HARBOR, FL 34684	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1492425		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		7. Name and Address of New Registered Agent	
GUTIERREZ, ALICIA 31473 US 19 NORTH PALM HARBOR, FL 34684		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		(NOTE: Registered Agent must sign this statement) I AM NOT REGISTERED AS AN AGENT	
Signature, typed or printed name of registered agent and title if applicable.		Signature, typed or printed name of registered agent and title if applicable.	
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, ALICIA 31473 US HWY 19 N PALM HARBOR, FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000806928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10/10/06--01068--004 **\$150.00
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000840922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 01/12/07--01003--005 **\$600.00
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
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
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 attachment with an address, with all other like empowered.			
SIGNATURE: <i>Alicia Gutierrez</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Alicia Gutierrez	
		Date 10-5-06	
		Daytime Phone # 727-281-6125	

JK 01/10