


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90150 048 \*\*\*150.00

<b>DOCUMENT # H43405</b> 1. Entity Name <b>YANA, INC.</b>																																											
Principal Place of Business <b>% YANA TOBEY</b> <b>702 S.VILLAGE CRCL.</b> <b>TAMPA, FL 33606</b>		Mailing Address <b>% YANA TOBEY</b> <b>702 S.VILLAGE CRCL.</b> <b>TAMPA, FL 33606</b>																																									
2. Principal Place of Business <b>702 S. VILLAGE CR</b>		3. Mailing Address <b>702 S.VILLAGE CIRCLE</b>																																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																									
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>																																									
Zip <b>33606</b>		Zip <b>33606</b>																																									
Country <b>FLORIDA</b>		Country <b>FLORIDA</b>																																									
4. FEI Number <b>59-2497673</b>		Applied For <input type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																									
6. Name and Address of Current Registered Agent <b>TOBEY, YANA</b> <b>2511 PALM DR.</b> <b>TAMPA, FL 33629</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 signature required when reinstating) DATE _____																																											
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width:50%;">           PD            TOBEY, YANA            2511 PALM DR.            TAMPA, FL         </td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td> <b>PRESIDENT</b>  <b>YANA TOBEY</b>  <b>2511 PALM DR TAMPA FL 33629</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOBEY, YANA 2511 PALM DR. TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>YANA TOBEY</b> <b>2511 PALM DR TAMPA FL 33629</b>	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width:50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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. <b>SIGNATURE: _____</b> <b>5.28.06</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																											

**50020789**



05242006 Chg-P CR2E034 (11/05)



Crabtree & Evelyn®  
LONDON

702 S. Village Circle  
Old Hyde Park Village  
Tampa, Florida 33606  
(813) 251-5278

ATTACHMENT 50020789  
H43405

YANA INC DBA  
CRABTREE & EVELYN  
ID # 59-2497673

PLEASE FIND ENCLOSED  
~~A CHECK FOR \$150.00~~  
FOR CORPORATE FILING FEE  
~~FOR 2006.~~

H43405

THANK YOU

YANA TOBEY