2006 LIMITED LIABILITY C[illegible]ANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State
02-21-2006 90180 003 ****50.00

DOCUMENT # L05000025663

1. Entity Name
PEACE HARMONY YOGA L.L.C.

Principal Place of Business	Mailing Address
558 WEST NEW ENGLAND AVENUE APT. 305 WINTER PARK FL 32789 US	558 WEST NEW ENGLAND AVENUE APT. 305 WINTER PARK FL 32789 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
925 Vassar Street	925 Vassar Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, Florida
Zip: 32804 Country: US	Zip: 32804 Country: US

4. FEI Number: 51-0538343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, KRISTA N
~~558 WEST NEW ENGLAND AVENUE~~
~~APT. 305~~
~~WINTER PARK FL 32789~~

7. Name and Address of [redacted] Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 925 Vassar Street
City: Orlando FL Zip Code: 32804

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: Krista Shirley DATE: 1-30-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	SHIRLEY, KRISTA N		NAME	Shirley, Krista N	
STREET ADDRESS	558 WEST NEW ENGLAND AVENUE - 305		STREET ADDRESS	925 Vassar Street	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP	Orlando, FL 32804	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Krista Shirley 1-30-06 407-467-7983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #