2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L05000061341

Entity Name: RELAXIN LLC

Current Principal Place of Business:

P.O. BOX 297281
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 297281
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-3027276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CONTI, KATHLEEN
Address: P.O. BOX 297281
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete
Name: CONTI, JON
Address: P.O. BOX 297281
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN CONTI MGR 04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date