2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 26, 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:

CONTI, KATHLEEN S
2400 SW 208 AVENUE
PEMBROKE PINES, FL 33029 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: KATHLEEN S. CONTI 05/26/2006
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: JON CONTI MGR 05/26/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date