2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L48894

1. Entity Name
INFRA-RED SAUNA SYSTEMS, INC.

Principal Place of Business	Mailing Address
25 OAKWOOD CIR PENDLETON, KY 40055 US	SABRINA WESA 138 W. TAHOE ST APOPKA, FL 32712 US

DO NOT WRITE IN THIS SPACE

01272006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0175333	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHONE, LARRY
50 S E FOURTH AVENUE
DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

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 _(signature)_   1-27-06

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	HECKER, PAUL J.
STREET ADDRESS	25 OAKWOOD CR
CITY-ST-ZIP	PENDLETON, KY 40055

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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.

SIGNATURE: _(signature)_   1-27-06   502-743-0430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #