MAY 1ST 15 $550.00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

# FILED
# May 21, 2001 8:00 am
# Secretary of State

05-21-2001 90340 040 ***150.00

DOCUMENT # P00000040640

ADAM & EVE TANNING SALON & SPA INC

Principal Place of Business: 3208 SE FEDERAL HWY
STUART, FL 34997

Mailing Address:

(DO NOT WRITE IN THIS SPACE)

Date Incorporated or Qualified: 6/12/00

Principal Place of Business: 231

Mailing Address: 231

FEI Number: 65-1008304 — Applied For / Not Applicable

Suite, Apt. #, etc.: 231

Suite, Apt. #, etc.: 231

Certificate of Status Desired: 58.75 Additional Fee Required

City & State: 231

City & State: 231

Election Campaign Financing Trust Fund Contribution: 56.00 May be Added to Fees

Zip: 231 Country: 231 Zip: 231 Country: 231

This corporation owes the current year Intangible Personal Property Tax. Yes No

Name and Address of Current Registered Agent:

KELLY BUFFINGTON
14237 US HWY 1
JUNO BEACH, FL 33408

Name and Address of New Registered Agent:

Name: 231

Street Address (P.O. Box Number is Not Acceptable): 231

City: 231 FL Zip Code: 231

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (*) Kelly Buffington — 4-27-01
Signature of a member or agent (not registered agent) affirming that a member or agent has agreed to act as registered agent. (NOTE: Registered Agent signature required when resignation) — Date

OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PRES | DELETE |
| NAME | KELLY BUFFINGTON | |
| STREET ADDRESS | 14237 US HWY 1 | |
| CITY-ST-ZIP | JUNO BEACH, FL 33408 | |
| TITLE | VP | DELETE |
| NAME | RENALDI, RUGGIERO | |
| STREET ADDRESS | 107 SIENA OAKS CIR W | |
| CITY-ST-ZIP | PBG, FL 33410 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | Change | Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (*) Kelly Buffington — 4-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR