2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000000311

1. Entity Name
SLAINTE, INC.

Principal Place of Business	Mailing Address
5208 EAST FOWLER AVENUE UNIT 4 TAMPA, FL 33617	5208 EAST FOWLER AVENUE UNIT 4 TAMPA, FL 33617

02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3689251
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, MOLLY A
205 W FRIERSON AVE
TAMPA, FL 33603

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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 N/A
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	PD
NAME	MILLER, MOLLY A
STREET ADDRESS	205 W FRIERSON AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	V
NAME	DELATTRE, AMY
STREET ADDRESS	9220 SUNFLOWER DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	T
NAME	SLAUGHTER, CHRISTINE
STREET ADDRESS	6342 ASHFIELD PLACE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544
TITLE	S
NAME	CAMPBELL, ELIZABETH
STREET ADDRESS	21416 KEATING WAY
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80085-010 150.00

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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: Molly A. Miller, president 2/28/06 (813)985-8878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #