

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000028326	
1. Entity Name SPICE N SAFARI, INC.	

Principal Place of Business 1100 S. FEDERAL HWY., STE. 4 BOYNTON BEACH, FL 33435	Mailing Address 411 NORTH 6TH ST #725 EMORY, SD 57332
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02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FLS Number 65-1088155	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SLOANE, ELEANOR C 1100 S. FEDERAL HWY., STE. 4 BOYNTON BEACH, FL 33435
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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 _____ (NOTE: Registered Agent signature required when reconstituting) 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 NAME STREET ADDRESS CITY-ST-ZIP	P SLOANE, ELEANOR C 1100 S. FEDERAL HWY., STE. 4 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLOANE, EDWARD C 1100 S. FEDERAL HWY., STE. 4 BOYNTON BEACH, FL 33435
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**DO NOT WRITE
IN THIS SPACE**

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: Eleanor C. Sloane 8-10-06 954-579-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #