

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91601 008 \*\*\*150.00

DOCUMENT # *P01000033462*

1. Entity Name

*PINK CLOUD RELAXATION, INC*

**DO NOT WRITE IN THIS SPACE**

**674191**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*5301 MINK RD*

Suite, Apt. #, etc.

3. Mailing Address  
*5301 MINK RD*

Suite, Apt. #, etc.

City & State  
*SARASOTA FL*

City & State  
*SARASOTA FL*

4. FEI Number  
*65-1097725*

Applied For  
Not Applicable

Zip  
*34235*

Country  
*U.S.*

Zip  
*34235*

Country

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*JENKINS*

Street Address (P.O. Box Number is Not Acceptable)  
*1103 FLORIDA AVE  
STE. 4*

City  
*PALM HARBOR FL*

Zip Code  
*34683*

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.

SIGNATURE *[Signature]* *5/8/02*

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

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PSTD  
GLORI ANN MORGENSTERN  
5301 MINK RD  
SARASOTA, FL 34235*

TITLE  
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CR2E034B (12/01)

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/22/02*