


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000061098 1. Entity Name FULL CIRCLE YOGA, INC.	
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Principal Place of Business 1521 LYNDAL BLVD MAITLAND, FL 32751	Mailing Address 1521 LYNDAL BLVD MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3732327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CALLAHAN, W. SCOTT ESQ
STUMP, STOREY & CALLAHAN, P.A.
37 NORTH ORANGE AVE STE 200
ORLANDO, FL 32801**

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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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHLEIN, LEWIS 1521 LYNDAL BLVD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHLEIN, SUSAN 1521 LYNDAL BLVD MAITLAND, FL 32751
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80026-019 150.00

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: Susan Rothlein Susan Rothlein 4-5-06 407-644-3288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #