FILED

May 01, 2002 8:00 am Secretary of State

P01000067313 DOCUMENT # 1. Entity Name TRANSFORMATIONS TANNING AND SKIN CARE, INC. 05-01-2002 91583 025 ***150.00 Principal Place of Business Mailing Address 3829 LAKE EMMA RD 3829 LAKE EMMA RD B0082076 LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TALTOS, TANI Street Address (P.O. Box Number is Not Acceptable) 3829 LAKE EMMA RD LAKE MARY FL 32746 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE __EILE_NOW!!! FEE IS \$150.00 -94:This corporation is eligible to satisfy its Intangible =10. Election Campaign Financing== Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change CARLTON, CHRISTINE B NAME NAME STREET ADDRESS 3829 LAKE EMMA RD STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP Delete DVT ☐ Addition Change TITLÉ DVT TITLE CARITON, Jim NAME TALTOS, TANI NAME 3829 LAKE EMMA ROAD STREET ADDRESS STREET ADDRESS 3829 LAKE EMMA RD LAKE MARY, F1. 32746 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete TITLE ☐ Change ☐ Addition CHONTAS, BARBARA NAME STREET ADDRESS 3829 LAKE EMMA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 TITLE Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

2002 UNIFORM BUSINESS REPORT (UBR)

April 17, 200 Z