2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074044

Entity Name: TOTAL ADVANTAGE HAIR & BODY SPA, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
861 NW 20 PEMBROK	8 CIRLCE E PINES, FL	33029				
Current Mailing Address:			New Maili	New Mailing Address:		
POST OFF HIALEAH, I	TICE BOX 1704 FL 33017	438				
FEI Number: 65-1126833 FEI Number Applied For () FEI Nu			FEI Number Not Appl	umber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name				ame and Address of New Registered Agent:		
1840 SOUT 4TH FLOO MIAMI, FL	33145 US	TREET				
The above in the State		submits this statement for the p	ourpose of changing i	ts registered office	or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Carr	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ROBINSON-ST	Delete DKES, KRISHERAL VEST 14TH COURT FL 33028	Title: Name: Address: City-St-Zip:	PD (X) Cha ROBINSON-STOKES 16222 NORTHWEST HOLLYWOOD, FL 3	14TH COURT	
Title: Name: Address: City-St-Zip:	HARTLEY, DOF	VEST 14TH COURT	Title: Name: Address: City-St-Zip:	()Cha	nge () Addition	
Title: Name: Address: City-St-Zip:	TROY, IRIS	Delete VEST 14TH COURT FL 33028	Title: Name: Address: City-St-Zip:	()Cha	nge () Addition	
Title: Name: Address: City-St-Zip:	V () FERGUSON, M 7325 S W 152 MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	() Cha	nge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISHERAL ROBINSON-STOKES PD 04/30/2007