2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P01000074044

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

Current Principal Place of Business:

1341 N.W. 159 LANE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 172733
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 65-1126833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBINSON-STOKES, KRISHERAL
Address: 1341 N. W. 159 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S ( ) Delete
Name: HARTLEY, DORIS
Address: 1341 N.W. 159 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T ( ) Delete
Name: TROY, IRIS
Address: 1341 N. W. 159 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V ( ) Delete
Name: FERGUSON, MICHELLE C
Address: 7325 S W 152 STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 04/30/2009

Electronic Signature of Signing Officer or Director — Date