

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90257 034 \*\*\*150.00

<b>DOCUMENT # P01000113848</b>	
1. Entity Name <b>BRONZE YOUR BUTT CORP.</b>	



Principal Place of Business <b>1768 NW 58TH AV. LAUDERHILL, FL 33313-4889</b>	Mailing Address <b>PO BOX 101312 FT LAUDERDALE, FL 33310-0309</b>
--	--

**60035817**

2. Principal Place of Business <b>8510 SW 20 PL.</b>		3. Mailing Address <b>8510 SW 20 PL.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DAVIE, FLA</b>		City & State <b>DAVIE FLA.</b>	
Zip <b>33324</b>	Country <b>USA</b>	Zip <b>33324</b>	Country <b>USA</b>



05012006 Chg-P CR2E034 (11/05)

4. FEI Number <b>04-3757246</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>REED, JOLIE F 3155 RIVERSIDE DR UNIT B30 CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent Name <b>REED, JOLIE F</b> Street Address (P.O. Box Number is Not Acceptable) <b>3155 RIVERSIDE DR UNIT B30</b> <b>CORAL SPRING</b> City <b>FL</b> Zip Code <b>33065</b>	
--	--	---	--

*SAME →*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>REED, ALLAN</b> <b>1768 NW 58 AVE.</b> <b>LAUDERHILL, FL 333134889</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ALLAN REED</b> <b>8510 SW 20 PL</b> <b>DAVIE, FL 33324</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>REED, JILLISENT I</b> <b>1768 NW 58 AVE</b> <b>LAUDERHILL, FL 333134889</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:** *Allan Reed* **5/2/06** **994 915-9837**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #