


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90039 043 ***150.00

DOCUMENT # P01000121114	
1. Entity Name SUN SPA THERAPY, INC.	

Principal Place of Business 4626 JOG ROAD SOUTH GREENACRES FL 33463	Mailing Address 800 SOUTH OCEAN BLVD APT #510 DEERFIELD BEACH FL 33441
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2. Principal Place of Business	3. Mailing Address 800 SOUTH OCEAN BLVD.
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. APT. #708
City & State SAME	City & State DEERFIELD BEACH FL.
Zip 33441	Country BROWARD

1st MOORE CR2E034 (10/05)

4. FEI Number 75-2970872	<input type="checkbox"/> 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 VALENZANO, THOMAS R 800 SOUTH OCEAN BLVD APT #510 APT. 708 DEERFIELD BEACH FL 33441	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 re-registering) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D VALENZANO, THOMAS R 800 SOUTH OCEAN BLVD, #510 DEERFIELD BEACH FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2.2.06** **9546759553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #