FILED Mar 25, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION **ANNUAL REPORT** 03-25-2004 90015 023 ***150.00 DOCUMENT # P02000031256 NO TAN LINES TANNING, INC. Principal Place of Business Mailing Address 54022228 1676 PROVIDENCE BLVD. STE A 1676 PROVIDENCE BLVD. STE A DELTONA, FL 32725 DELTONA, FL 32725 01242004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3032965 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOWLES, DANIEL DO NOT WRITE 1253 DOYLE RD DELTONA, FL 32725 IN THIS SPACE 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 ______ Signature, typed or printed name of registered agent and title if applicable. ______ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!!	FEE IS \$150.00
	4 Fee will be \$550 00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS **DPS** TITLE BOWLES, TAMARA STREET ADDRESS 1253 DOYLE RD CITY-ST-ZIP DELTONA, FL 32725 TITLE NAME BOWLES, DANIEL STREET ADDRESS 1253 DOYLE RD CITY-ST-ZIP DELTONA, FL 32725 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all the right empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOWLES

1 386-532-711

Davtime Phone #