2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2007 08:00 AM Secretary of State

DOCUMENT	# P02000042059

1. Entity Name
STARFIRE TANNING INC.



Principal Place of Business

Mailing Address

4316 LEE BLVD.

4316 LEE BLVD.

SUITE 4 LEHIGH ACRES, FL 33971

SUITE 4

LEHIGH ACRES, FL 33971



DO NOT WRITE IN THIS SPACE

02172007 No Chg-P Cl

CR2E034 (11/05)

4. FEI Number 22-3929760

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6.	Name	and	Address	s of	Cu	rrent	Reg	pistered	gA t	ent

GALLER, ZAKARY 17501 COLLOSA TRACE CIRCLE FT. MYERS, FL 33912

DO NOT WRITE 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 typegor brinded name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000645136 03/02/07-80071-020 150.00	
10.	OFFICERS AND DIREC	TORS			}	
NAME STREET ADDRESS CITY-ST-ZIP	P GALLER, ZAKARY 17501 CALOOSA TRACE CIRCLE FORT MYERS, FL 33912					
NAME STREET ADDRESS CITY - ST - ZIP	V VATICANO, CAROL 17501 CALOOSA TRACE CIRCLE FT. MYERS, FL 33912				,	
TITLE AME NAME SIREET AUDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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 path; that I am an officer or director						

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07 (239)369

Daytime Pho