## 2006 FOR PROFIT CORPORATION

	ANNUAL REPORT	Secretary of State
1	# P02000051120	Secretary of State
1. Entity Name SOUTHERN ELE	GANCE DAY SPA, INC.	
Principal Place of Busine	ss Walling Address	4
3036-D TAMIAMI TRAII PORT CHARLOTTE, FL	3036-D TAMIAMI TRAIL PORT CHARLOTTE, FL	
	( St. Annie 116) ( E	S ARMARKA IN SERVE AND REAL ENDS SERVE SERVE SERVE SERVE AND A AND A AND A STREET OF THE SERVE
50.4		02082006 No Chg-P CR2E034 (11/05)
א טע	OT WRITE IN THIS SPACE	4. FEI Number   Applied For   1-0682792   Not Applied to
		5. Certificate of Status Desired   \$8.75 Additional
6. Nan	e and Address of Current Registered Agent	Fee Required
REEVES, DIANA C		
3036-D TAMIAMI T	RAIL	DO NOT WRITE
PORT CHARLOTT	E, FL	IN THIS SPACE
The above named entitle obligations of regions	ily submits this statement for the purpose of changing its registered affice or registered appnt	ared agent, or both, in the State of Florida. I am familiar with, and accept
	ANTA CARRETE	February 2 2001
SIGNATURE Signature, type	ad or printed name of populatived again and tills it applicable [PIOTE, Ragistered Again signature require	ed when reinstating) DATE
FILE NOW! After May 1, 20		5.00 May Be dad to Fees
nte D	OFFICERS AND DIRECTORS	
HAME REEVES	DIANA C	
	SHTOWER ROAD PORT, FL 34288	
TITLE		U00000493710
NAME STREET ADDRESS		02/24/06-80028-016 150.00
CITY-SI-ZIP		
TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
THE		IN THIS SPACE
HAME STREET ADDRESS		IN THIS STAGE
CHY-ST-ZIP		
TITLE NAME		Î
STREET ADDRESS		
CITY-ST-ZIP		
NAME		
STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:	Diama C. Roades President	and Dwne February 7 2006
GIGNATURE:	STRANTURE AND TYPED OR PRINTED NAME OF SIDNING OFFICER ON DIRECTOR	
941-628-501		