2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P03000012363 1. Entity Name 04-19-2004 90265 019 ***150.00 TAN TIME, INC. Principal Place of Business Mailing Address 1247 S. VOLUSIA AVENUE ORANGE CITY F 32763 1247 S. VOLUSIA AVENUE ZSFOCUEN **ORANGE CITY F 32763** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable 51-0458250 Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAM, LORNA Street Address (P.O. Box Number is Not Acceptable) 1247 S. VOLUSIA AVENUE **ORANGE CITY FL 32763** 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 L (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE Delete ☐ Change TITLE ☐ Addition Brenda Gomez NAME NAME 1247 S. Volusia Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Wree- President TITLE TITLE ☐ Change ☐ Addition NAME 1247 S. Volusia Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 other like empowered. 4/12/2014 (386) TX-4774 SIGNATURE: Brada Gone 2