

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102023

FILED  
Jun 11, 2004  
Secretary of State

Entity Name: PRECIOUS AROMATHERAPY INC.

## Current Principal Place of Business:

2120 WEST RANDOLPH CIRCLE  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

2120 WEST RANDOLPH CIRCLE  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 11-3703607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTIN, PAULA MARIE  
2120 WEST RANDOLPH CIRCLE  
TALLAHASSEE, FL 32308

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTIN, PAULA MARIE  
Address: 2120 WEST RANDOLPH CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MARTIN, PAULA MARIE  
Address: 2120 WEST RANDOLPH CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA MARIE MARTIN

PRES

06/11/2004

Electronic Signature of Signing Officer or Director

Date