2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102023

Entity Name: PRECIOUS AROMATHERAPY INC.

FILED Apr 28, 2006 Secretary of State

2120 WEST RANDOLPH CIRCLE 375 200 LINE ROAD NEAH BAY, WA 98357

Current Mailing Address: New Mailing Address:

2120 WEST RANDOLPH CIRCLE PO BOX 155

TALLAHASSEE, FL 32308 NEAH BAY, WA 98357

FEI Number: 11-3703607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

MARTIN, PAULA MARIE
4554 SUNRAY PLACE
TALLAHASSEE, FL 32309 US

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: 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 MARTIN, PAULA MARIE
 Name:
 MARTIN, PAULA MARIE

 Address:
 2120 WEST RANDOLPH CIRCLE
 Address:
 375 200 LINE ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 NEAH BAY, WA 98357

Title: VP () Delete Title: () Change () Addition

 Name:
 MARTIN, VICTORIA
 Name:

 Address:
 6733 MORNING RIDE CIRCLE
 Address:

 City-St-Zip:
 ALEXANDRIA, VA 22315
 City-St-Zip:

Title: SECR () Delete Title: () Change () Addition

 Name:
 LYNN, SHARON
 Name:

 Address:
 604 INDIAN LOOKOUT ROAD
 Address:

 City-St-Zip:
 LYONS, CO 80540
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 04/28/2006