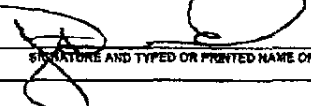


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000037102</b>			
1. Entity Name <b>THE SPA SHOPPE INC.</b>			
Principal Place of Business <b>2622 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>2622 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03212006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>20-0785437</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>SHEPPARD, JONATHAN 2622 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000478060 04/07/06-80015-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEPPARD, JONATHAN D 2622 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPPARD, NORMAN D 2622 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEPPARD, MILDRED 2622 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEPPARD, KAROL P 2622 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby 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 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:  <b>JONATHAN SHEPPARD</b>		Date <b>3/21/06</b>	Daytime Phone # <b>850-926-7283</b>