


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

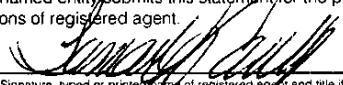
03-28-2006 90109 034 ***158.75

DOCUMENT # P04000043266		
1. Entity Name TLC SPA, INC.		

Principal Place of Business 8567 TAMARA CT BONITA SPRINGS, FL 34135-4227	Mailing Address 8567 TAMARA CT BONITA SPRINGS, FL 34135-4227
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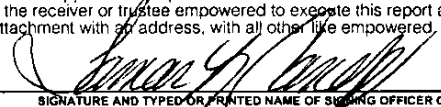
2. Principal Place of Business 3333 Renaissance Blvd Suite, Apt. #, etc. #101 City & State Bonita Springs, FL Zip 34134 Country	3. Mailing Address 3333 Renaissance Blvd Suite, Apt. #, etc. #101 City & State Bonita Springs, FL Zip 34134 Country
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6. Name and Address of Current Registered Agent HAWTHORNE, ROBERT A 3522 S.E. 5TH PL CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name CANALES, TAMAR Street Address (P.O. Box Number is Not Acceptable) 9304 SCARLETTE OAK AVE City & State BONITA SPRINGS, FL Zip Code 33912	
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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 	DATE 3.23.06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANALES, TAMAR 9304 SCARLETTE OAK AVE BONITA SPRINGS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.	
SIGNATURE: 	DATE 3.23.06 DAYTIME PHONE # 239.992.0928