

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084560

Entity Name: SHADOW TANS INCORPORATED

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

151 N. ORLANDO AVE., #214
ORLANDO, FL 32789

New Principal Place of Business:

201 E. PINE STREET, SUITE 701
ORLANDO, FL 32801

Current Mailing Address:

151 N. ORLANDO AVE., #214
ORLANDO, FL 32789

New Mailing Address:

201 E. PINE STREET, SUITE 701
ORLANDO, FL 32801

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAHER, KEVIN
151 N. ORLANDO AVE., #214
ORLANDO, FL 32789 US

Name and Address of New Registered Agent:

LOWMAN, WILLIAM R JR
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 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: WILLIAM R. LOWMAN, JR.

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALLAHER, KEVIN
Address: 151 N. ORLANDO AVE., #214
City-St-Zip: ORLANDO, FL 32789

Title: VD (X) Delete
Name: LIMA, DEBBIE
Address: 512 SAGE CREEK CT.
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, DARYL B
Address: 201 E. PINE STREET, SUITE 701
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DARYL B. WILLIAMS

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date