


**2006-FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P04000103802	
1. Entity Name US SAUNA & STEAM CORP.	

Principal Place of Business P.O. BOX 542110 LAKE WORTH, FL 33454	Mailing Address P.O. BOX 542110 LAKE WORTH, FL 33454
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**DO NOT WRITE IN THIS SPACE**



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1444947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  STRAHE, GEORGE 319 KNOTTY PINE CIRCLE UNIT C1 LAKE WORTH, FL 33463
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GEORGE, STRAME 319 KNOTTY PINE CIRCLE UNIT C1 LAKE WORTH, FL 33463
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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 like empowered.

SIGNATURE: <u>GEORG STRAME</u>	Date: <u>3/4/06</u>	Daytime Phone #: <u>561-439-2121</u>
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