## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000114664

YOUNG, JENNIFER T

10228 RAINBRIDGE DRIVE

RIVERVIEW, FL 33569 US

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Na	me: BAHAMA	BRONZE TANNING, INC.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
	YETTE ROAD W, FL 33569	US				
Current Mailing Address:			New Mail	New Mailing Address:		
	RDEEN CREE W, FL 33569	KCIRCLE US				
FEI Number	: 05-0607579	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
8808 ABEI	, DONALD L P RDEEN CREE W, FL 33569					
	named entity see of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered A	gent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITIO	NS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	BULLARD, DON	EN CREEK CIRCLE	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BULLARD, TRI	EN CREKK CIRCLE	Title: Name: Address: City-St-Zip:	BULLARD, DO 8808 ABERD	(X) Change () Addition ONALD L VP EEN CREKK CIRCLE FL 33569 US	
Title: Name: Address: City-St-Zip:	BOYLL-OLAH,	REAM CIRCLE, APT 203	Title: Name: Address: City-St-Zip:	BULLARD, DO 8808 ABERD	(X) Change ( ) Addition ONALD L S EEN CREKK CIRCLE FL 33569 US	
Title:	T ()	Delete	Title:	Т (	(X) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

BULLARD, DONALD L T

RIVERVIEW, FL 33569 US

8808 ABERDEEN CREKK CIRCLE

SIGNATURE: DONALD L. BULLARD P 04/30/2008