## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

## Jan 24, 2006 8:00 am **Secretary of State** DOCUMENT # P05000017488 01-24-2006 90017 040 \*\*\*150.00 1. Entity Name ECLIPZ DAY SPA OF DAYTONA, INC. Principal Place of Business Mailing Address 219 MAGNOLIA AVENUE DAYTONA BEACH FL 32114 219 MAGNOLIA AVENUE DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address 115 International Speedway Blud 115 International Speedway Blud Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Daytona Beach, FL 74-3137397 Daytona Beach, Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32114 usA 32114 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAY, EVELYN L Street Address (P.O. Box Number is Not Acceptable) 219 MAGNOLIA AVENUE 115 international Speedway Blud DAYTONA BEACH FL 32114 Daytona Beach 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature inquired wheri roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME GIBSON, TARA N NAME 115 International Speedway Blud STREET ADDRESS 219 MAGNOLIA AVENUE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME GRAY, EVELYN L NAME 115 International Speedway Blud STREET ADDRESS 219 MAGNOLIA AVENUE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP Doleto 7371.5 TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change notibbe STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 affectment with an address, with all other the expowered.

FILED

/-20 -06 386-255-87 Date 386-255-87