2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2008 08:00 AN Secretary of State **DOCUMENT # P05000026813** 1. Entity Name CONTINUOUS TANNING, INC. Principal Place of Business Mailing Address 2151 LOCH RANE BOULEVARD, SUITE 6 2640 BOTTOMRIDGE DRIVE ORANGE PARK, FL 32073 ORANGE PARK, FL 32065 04292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 20-2370912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS, KATHLEEN DO NOT WRITE 2151 LOCH RANE BOULEVARD, SUITE 6 ORANGE PARK, FL 32073 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D/P TITLE NAME THOMAS, KATHLEEN STREET ADDRESS 2640 BOTTOMRIDGE DRIVE CITY-ST-ZIP ORANGE PARK, FL 32065 U00000940681 05/28/08-80076-017 150.00 DNP TITLE THOMAS, GERALD L NAME STREET ADDRESS 2640 BOTTOMRIDGE DRIVE CITY-ST-ZIP ORANGE PARK, FL 32065 MLE. NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Hathleen & Thomas
GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DRECTOR

4/28/08

904-449-9652

FILED