2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050363

City-St-Zip:

ORMOND BEACH, FL 32174 US

FILED Feb 12, 2006 Secretary of State

Entity Nar	ne: SHEAR TRANQUILITY MED	DI SPA, INC.		
Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
278 N. NO ORMOND	VA ROAD BEACH, FL 32174 US			
Current Mailing Address:		New Mailing Addr	New Mailing Address:	
278 N. NO ORMOND	VA ROAD BEACH, FL 32174 US			
FEI Number:	20-2625413 FEI Number Applie	ed For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		d Agent: Name and Address	Name and Address of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US		35 CHEROKÉE TR	MCKEITHAN, EDWARD M 35 CHEROKEE TR ORMOND BEACH, FL 32174 US	
	named entity submits this stateme of Florida.	nent for the purpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE: EDWARD M MCKEITHAN		02/12/2006	
	Electronic Signature of Re	gistered Agent	Date	
Election Car	npaign Financing Trust Fund Contrib	ution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete MCKEITHAN, EDWARD M 35 CHEROKEE TRAIL ORMOND BEACH, FL 32174 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete LESAGE, GARY 35 CHEROKEE TRAIL ORMOND BEACH, FL 32174 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (X) Delete PAVELO, ROBERT 274 N. NOVA ROAD	Title: Name: Address:	() Change () Addition	

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

City-St-Zip:

SIGNATURE: EDWARD MCKEITHAN D 02/12/2006