


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 JUN 30 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000052833	
1. Entity Name BANGZ N' BURNZ SALON & SPA INCORPORATED	

Principal Place of Business 4917 EHRlich ROAD SUITE 200 TAMPA, FL 33624 US	Mailing Address 14305 FARMINGTON BOULEVARD TAMPA, FL 33625 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 16201 MISTY LANE Suite, Apt. #, etc.
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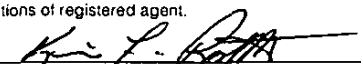
City & State TAMPA, FLORIDA	City & State TAMPA, FLORIDA
Zip 33625	Country U.S.A.



04262006 Chg-P CR2E034 (11/05)

4. FEI Number 86-1135365		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SURIS, KAREN R 14305 FARMINGTON BOULEVARD TAMPA, FL FL		7. Name and Address of New Registered Agent Name: ROSTETTER, KEVIN F. Street Address (P.O. Box Number is Not Acceptable): 16201 MISTY LN. City: TAMPA FL Zip Code: 33625

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.

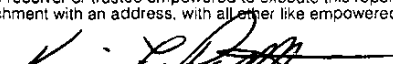
SIGNATURE:  DATE: 6/27/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SURIS, KAREN R 14305 FARMINGTON BOULEVARD TAMPA, FL 33625 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEVIN F. ROSTETTER 16201 MISTY LN. TAMPA, FL 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SURIS, GARY M 14305 FARMINGTON BOULEVARD TAMPA, FL 33625 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000077161030 07/07/06--01051--017 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 6/27/06 (813) 964-9079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR