2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058861

Entity Name: SUN TAN SHACK, INC.

FILED Jan 31, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

82 W HICKPOOCHEE AVENUE LABELLE, FL 33935

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 2457 LABELLE, FL 33975 P.O. BOX 2457 LABELLE, FL 33975

FEI Number: 13-4297134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US MARROQUIN, KIMBERLY S PD 82 W. JHICKPOOCHEE AVE LABELLE, FL 33935 US

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.

SIGNATURE: KIMBERLY S MARROQUIN 01/31/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MARROQUIN, KIMBERLY S Name: MARROQUIN, KIMBERLY S Address: P.O. BOX 2315

City-St-Zip: LABELLE, FL 33935 City-St-Zip: LABELLE, FL 33975

Title: VD () Delete Title: VD (X) Change () Addition Name: CANTU, VIRGINIA M Name: CANTU, VIRGINIA M

Address: 82 W HICKPOOCHEE AVENUE Address: P.O. BOX 2254
City-St-Zip: LABELLE, FL 33935 City-St-Zip: LABELLE, FL 33975

Title: S () Delete Title: T (X) Change () Addition Name: PEREZ, AMANDA Name: MARROQUIN, FRANK

Address: 82 W HICKPOOCHEE AVENUE Address: P.O. BOX 2315
City-St-Zip: LABELLE, FL 33935 City-St-Zip: LABELLE, FL 33975

Title: T (X) Delete Title: () Change () Addition

MARROQUIN, FRANK JR.

82 W HICKPOOCHEE AVENUE
LABELLE, FL 33935

Name:
Address:
City-St-Zip:

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.

SIGNATURE: KIMBERLY S MARROQUIN PD 01/31/2006