

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 19, 2006  
Secretary of State**

DOCUMENT# P05000086893

Entity Name: REJUVENATION RETREAT, INC.

**Current Principal Place of Business:**

14911 MAIN STREET, STE.C  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

14911 MAIN STREET, STE.C  
ALACHUA, FL 32615

**New Mailing Address:**

P.O BOX 1089  
ALACHUA, FL 32616

FEI Number: 04-3821322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLLINGSWORTH, JASON  
14911 MAIN STREET, STE.C  
ALACHUA, FL 32615 US

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

HOLLINGSWORTH, JASON  
P.O. BOX 1089  
ALACHUA, FL 32616 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: JASON HOLLINGSWORTH

04/19/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOLLINGSWORTH, WAYNE  
Address: 14911 MAIN ST  
City-St-Zip: ALACHUA, FL 32615

Title: V ( ) Delete  
Name: HOLLINGSWORTH, JASON  
Address: 14911 MAIN ST  
City-St-Zip: ALACHUA, FL 32615

Title: S (X) Delete  
Name: CLAYTON, MARILYN  
Address: 14911 MAIN ST  
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOLLINGSWORTH, JASON  
Address: P.O. BOX 1089  
City-St-Zip: ALACHUA, FL 32616

Title: V (X) Change ( ) Addition  
Name: HOLLINGSWORTH, MELISSA  
Address: P.O. BOX 1089  
City-St-Zip: ALACHUA, FL 32616

Title: ( ) Change ( ) Addition  
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: JASON HOLLINGSWORTH

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date