## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # P05000116765  1. Entity Name THE MANHATTAN TANNING COMPANY, INC.					i	04-27-200	06 90217 036 ***1	50.00
Principal Place of Business Mailing Address					†			
653 MAGUIRE BLVD - STE 800 ORLANDO, FL 32803		653 MAGUIRE BLVD - STE 800 ORLANDO, FL 32803			i Febirdas sa	REIRI BHUI GEIM RGMI GE	TTI MATI MAIA ANN 18919 BUST AM	TERI FI IRTI
2. Principal P	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102006	Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEI Numbe	1-37580	)94 AF	plied For t Applicable	
Zip	Country	Zip				of Status Desired	See Required	litional d
Name and Address of Current Registered Agent					7. Name and	Address of New F	Registered Agent	
FINKBEINER FRANK F. FSO				Name				
FINKBEINER, FRANK F ESQ 108 E HILLCREST ST ORLANDO, FL 32803				Street Address (P.O. Box Number is Not Acceptable)				
:				City	FL Zip Code			
8. The above named entify 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 signature required when reinstating)  DATE								
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE			TITLI				☐ Change	☐ Addition
NAME STREET ADDRESS	RESS 4008 MAGUIRE BLVD - APT 5103			ET ADDRESS				
CITY-ST-ZIP	0.12.4.55, 12.55		-ST-ZIP					
TITLE NAME	☐ Delete IIIT		1			☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
Iffile		☐ Delete	TITL	E			Change	Addition
NAME			NAM	<b>I</b>				
STREET ADDRESS CITY+ST-ZIP				EET ADDRESS - ST-ZIP				
TIFLE		Delete	IIIL:				Charige	Addition
NAME	NAS NAS			1			C. Strenge	
STREET ADDRESS			STR	EET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
mie		Delete	TITL				Change	☐ Addition
NAME STREET ADDRESS			MAM	EET AODRESS				
CITY-ST-ZIP				-ST-ZIP				
INLE		☐ Delete	TITL				☐ Change	☐ Addition
NAME			NAM	i				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	certify that the information supplied with	r-ST-ZIP		V F1-34- 20 1 1	I for the second second second second	mfa		
	cortily that the information europlied with	i mis titino does not qualify f	OF THE AY	emptions containe	ed in Criabter 119	ı, Fiorida Statutes,	i lurther certify that the i	mormation

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Criapter 119, Florida Statutes. Florida Statutes. Florida Statutes. Florida Statutes. Florida Statutes. In order certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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:

4-25-06

407.614-4919