

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90390 021 ***150.00

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04232006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000130233 1. Entity Name LASER SPA, INC.					
Principal Place of Business 6632 TRAIL BLVD NAPLES, FL 34108			Mailing Address P O BOX 770277 NAPLES, FL 34107		
2. Principal Place of Business 2332 Pine Ridge Rd. Suite, Apt. #, etc.		3. Mailing Address 2332 Pine Ridge Rd. Suite, Apt. #, etc.			
City & State Naples FL Zip 34109 Country US		City & State Naples FL Zip 34109 Country US		4. FEI Number 20-3506570	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HANNAH, DOUGLAS 6632 TRAIL BLVD NAPLES, FL 34108			7. Name and Address of New Registered Agent Name ROBERT J. KAPLAN Street Address (P.O. Box Number is Not Acceptable) 2332 PINE RIDGE RD City NAPLES FL Zip Code 34109		
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 <u><i>Robert Kaplan</i></u> DATE <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when transacting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D HANNAH, DOUGLAS P O BOX 770277 NAPLES, FL 34107	<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	D KAPLAN, ROBERT J 2332 PINE RIDGE RD NAPLES, FL 34109	<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: <u><i>Robert Kaplan</i></u> DATE <u>4/25/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					