

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90025 040 \*\*\*150.00

<b>DOCUMENT # P05000136897</b> 1. Entity Name <b>TIKI TANNING AND MASSAGE INC.</b>					
Principal Place of Business 4150 N. HWY. 19A, BLDG. 1 MT. DORA, FL 32757			Mailing Address 4150 N. HWY. 19A, BLDG. 1 MT. DORA, FL 32757		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>06-1758258</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>HOWARD, SCOTT A</b> <b>155 E. CHARLOTTE AVE.</b> <b>EUSTIS, FL 32726</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, TERRI 4150 N. HWY. 19A, BLDG. 1 MT. DORA, FL 32757	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: x Terri Howard, Terri Howard</b> <b>7/18/06</b> <b>352-483-8266</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

