

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153310

Entity Name: ALUNA AROMATICS INC.

FILED  
Jul 08, 2007  
Secretary of State

## Current Principal Place of Business:

8000 VIA BONITA  
SANFORD, FL 32771

## New Principal Place of Business:

2516 TRENTWOOD BLVD.  
ORLANDO, FL 32812

## Current Mailing Address:

8000 VIA BONITA  
SANFORD, FL 32771

## New Mailing Address:

2516 TRENTWOOD BLVD.  
ORLANDO, FL 32812

FEI Number: 20-3850836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRUZ, TRACEY L  
8000 VIA BONITA  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

LONGO, TRACEY L  
2516 TRENTWOOD BLVD.  
ORLANDO, FL 32812 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: TRACEY L. LONGO

07/08/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CRUZ, TRACEY L  
Address: 8000 VIA BONITA  
City-St-Zip: SANFORD, FL 32771

Title: VD ( ) Delete  
Name: KILFEATHER, AILEEN M  
Address: 8031 VIA BONITA  
City-St-Zip: SANFORD, FL 32771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LONGO, TRACEY L  
Address: 2516 TRENTWOOD BLVD.  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TRACEY L. LONGO

PD

07/08/2007

Electronic Signature of Signing Officer or Director

Date