

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153310

Entity Name: ALUNA AROMATICS INC.

FILED  
Feb 17, 2011  
Secretary of State

**Current Principal Place of Business:**

2516 TRENTWOOD BLVD.  
ORLANDO, FL 32812

**New Principal Place of Business:**

8101 VIA BONITA  
SANFORD, FL 3277A

**Current Mailing Address:**

2516 TRENTWOOD BLVD.  
ORLANDO, FL 32812

**New Mailing Address:**

8101 VIA BONITA  
SANFORD, FL 3277A

FEI Number: 20-3850836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KILFEATHER, AILEEN M  
2516 TRENTWOOD BLVD.  
ORLANDO, FL 32812 US

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

KILFEATHER, AILEEN M  
8101 VIA BONITA  
SANFORD, FL 32771 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/17/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KILFEATHER, AILEEN M  
Address: 8101 VIA BONITA  
City-St-Zip: SANFORD, FL 32771

Title: VD  
Name: LONGO, TRACEY L  
Address: 2516 TRENTWOOD BOULEVARD  
City-St-Zip: ORLANDO, FL 32812

Title: TRES  
Name: KILFEATHER, ROBERT F  
Address: 8031 VIA BONITA  
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: AILEEN M. KILFEATHER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/17/2011

\_\_\_\_\_  
Date