

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000153310

Entity Name: ALUNA AROMATICS INC.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8101 VIA BONITA  
SANFORD, FL 3277A

**New Principal Place of Business:**

8101 VIA BONITA  
SANFORD, FL 32771

**Current Mailing Address:**

8101 VIA BONITA  
SANFORD, FL 3277A

**New Mailing Address:**

8031 VIA BONITA  
SANFORD, FL 32771

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  
8101 VIA BONITA  
SANFORD, FL 32771 US

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

KILFEATHER, AILEEN M  
8031 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:

01/05/2012

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: KILFEATHER, AILEEN M  
Address: 8031 VIA BONITA  
City-St-Zip: SANFORD, FL 32771

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

DIR

01/05/2012

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

\_\_\_\_\_  
Date