


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90031 030 ***150.00

DOCUMENT # P06000050918					
1. Entity Name M.R. DAY SPAS, INC.					
Principal Place of Business 955 W. ALTAMONTE DR. STE 1060 ALTAMONTE SPRINGS, FL 32701			Mailing Address 1325 SANDSTONE RUN SANFORD, FL 32771		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5285940	
Applied For		Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REHMAN MUSADDIQ 1325 SANDSTONE RUN SANFORD, FL 32771		7. Name and Address of New Registered Agent Name: <u>WEHHE Melinda D</u> Street Address (P.O. Box Number is Not Acceptable): <u>2011 N Robie Ave</u> City/State/Zip: <u>MT. DORA FL 32757</u>			
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>Melinda D Lemme</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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: <u>D</u> <input checked="" type="checkbox"/> Delete NAME: REHMAN, MUSADDIQ STREET ADDRESS: 1325 SANDSTONE RUN CITY-ST-ZIP: SANFORD, FL 32771	TITLE: <u>P</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: WEHHE MELINDA STREET ADDRESS: 2011 N ROBIE AVE CITY-ST-ZIP: MT. DORA FL 32757				
TITLE: <u>V</u> <input type="checkbox"/> Delete NAME: LEMME, MELINDA D STREET ADDRESS: 2011 NORTH ROBIE AVE CITY-ST-ZIP: MOUNT DORA, FL 32757	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: <input type="checkbox"/> Delete	TITLE: <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>Melinda D Lemme</u> Date: <u>March 14, 2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					