


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90088 015 ***150.00

DOCUMENT # P06000071838	
1. Entity Name NOON DAY SPA, INC	

Principal Place of Business 601 LAKE MINNIE DR. SANFORD, FL 32773	Mailing Address 601 LAKE MINNIE DR. SANFORD, FL 32773
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2. Principal Place of Business - No P.O. Box # 601 Lake Minnie Dr Sanford	3. Mailing Address x 4046 Orlando Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 500
City & State	City & State Sanford FL
Zip	Zip 32773
Country	Country seminole



04022007 Chg-P CR2E034 (12/06)

4. FEI Number x 76-0835062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEA, STANFORD L 601 LAKE MINNINE DR. SANFORD, FL 32773	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Kea, Stanford* (P) *Kea, Stanford* DATE *5 April 07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KEA, STANFORD L		NAME	
STREET ADDRESS 601 LAKE MINNINE DR.		STREET ADDRESS	
CITY-ST-ZIP SANFORD, FL 32773		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KEA, MONICA		NAME	
STREET ADDRESS 601 LAKE MINNINE DR.		STREET ADDRESS	
CITY-ST-ZIP SANFORD, FL 32773		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Stanford L Kea* DATE *5 April 07* DAYTIME PHONE # *(407) 463-5867*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR