


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90108 034 ***150.00

DOCUMENT # P06000125517	
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1. Entity Name
SPA-TACULAR HAIR & TAN, INC.

Principal Place of Business 1715 CONWAY ISLE CIRCLE BELLE ISLE, FL 32809	Mailing Address 1715 CONWAY ISLE CIRCLE BELLE ISLE, FL 32809
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2. Principal Place of Business - No P.O. Box # 4650 S. SEMORAN BLVD	3. Mailing Address 4650 S. SEMORAN BLVD.
Suite, Apt. #, etc. #200	Suite, Apt. #, etc. #200

01042007 Chg-P CR2E034 (12/06)

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number 20-5632883	Applied For Not Applicable
Zip 32822	Country ORANGE	Zip 32822	Country ORANGE
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960	7. Name and Address of New Registered Agent Name Christy Catalfo Street Address (P.O. Box Number is Not Acceptable) 40733 OBERLY PKWY City ORLANDO FL Zip Code 32833
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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 Christy Catalfo DATE 1/16/07
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 NAME STREET ADDRESS CITY - ST - ZIP	PD PORCHENICK, BERNARD 1715 CONWAY ISLE CIRCLE BELLE ISLE, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHRISTY CATALFO 40733 OBERLY PKWY ORLANDO FL 32833 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: Christy Catalfo DATE 1/16/07 DAYTIME PHONE # 407 823 7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR