


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90098 001 ***900.00

DOCUMENT # P15344		
1. Entity Name SCANDINAVIAN HEALTH SPA, INC.		

Principal Place of Business 8700 W. BRYN MAWR AVE. 2ND FLOOR CHICAGO, IL 60631 US	Mailing Address 8700 W. BRYN MAWR AVE. 2ND FLOOR CHICAGO, IL 60631 US
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66001093



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number 34-1114683		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		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	SVS GAAN, CARY A <input checked="" type="checkbox"/> Delete 8700 W BRYN MAWR AVE CHICAGO, IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	senior VP, Secretary + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marc D. Bassewitz 8700 W. Bryn Mawr Ave Chicago, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TOBACK, PAUL A <input type="checkbox"/> Delete 8700 W BRYN MAWR AVE CHICAGO, IL 60631	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DWYER, JOHN <input checked="" type="checkbox"/> Delete 8700 W BRYN MAWR AVE CHICAGO, IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Acting CFO, Senior VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William Fanelli 8700 west Bryn Mawr Ave Chicago, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIEGEL, RONALD E <input type="checkbox"/> Delete 8700 W. BRYN MANOR AVE. CHICAGO, IL 60631	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOTZ, LINDA B <input type="checkbox"/> Delete 8700 W BRYN MAWR AVE CHICAGO, IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BARSKY, ALBERT <input checked="" type="checkbox"/> Delete 8700 W BRYN MAWR AVE CHICAGO, IL	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 exemption stated in Section 119.07(3)(i), 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: Ronald E Siegel Ronald E. Siegel - Assistant Secretary 1-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #