2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State
01-10-2006 90023 042 ***150.00

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1. Entity Name
LOTIONS & POTIONS, INC.

Principal Place of Business	Mailing Address
5212 1/2 OCEAN BLVD. UNIT 1 SIESTA KEY, FL 34242	5212 1/2 OCEAN BLVD. UNIT 1 SIESTA KEY, FL 34242

01052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
7245 OAK MOSS DRIVE	7245 OAK MOSS DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34241 Country: SARASOTA	Zip: 34241 Country: SARASOTA

4. FEI Number: 65-0428739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, KEITH SHARON 7245 OAK MOSS DRIVE SARASOTA, FL 34241	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 Keith Miller KEITH MILLER January 6 2006
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, KEITH S 7245 OAK MOSS DR SARASOTA, FL 34241	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS SIX, ADRIENNE 2517 MARZEL AVE ORLANDO, FL 32806	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAWRENCE, GARY 7245 OAK MOSS DRIVE SARASOTA, FL 34241	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WATROUS, RONALD 172 PINE BLUFF DRIVE NEWPORT NEWS, VA 23602	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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: Keith Miller President (941) 377-4210 KEITH MILLER 1-6-06