2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# P93000031659

Entity Name: LOTIONS & POTIONS, INC.

Current Principal Place of Business:

7245 OAK MOSS DRIVE
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

7245 OAK MOSS DRIVE
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 65-0428739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, KEITH SHARON
7245 OAK MOSS DRIVE
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MILLER, KEITH S	
Address:	7245 OAK MOSS DR	
City-St-Zip:	SARASOTA, FL 34241	
Title:	VPS	( ) Delete
Name:	SIX, ADRIENNE	
Address:	2517 MARZEL AVE	
City-St-Zip:	ORLANDO, FL 32806	
Title:	S	( ) Delete
Name:	LAWRENCE, GARY	
Address:	7245 OAK MOSS DRIVE	
City-St-Zip:	SARASOTA, FL 34241	
Title:	T	( ) Delete
Name:	WATROUS, RONALD	
Address:	172 PINE BLUFF DRIVE	
City-St-Zip:	NEWPORT NEWS, VA 23602	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	WATROUS, RONALD	
Address:	6 HORSE PEN RD	
City-St-Zip:	NEWPORT NEWS, VA 23602	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH SHARON MILLER P 01/19/2007

Electronic Signature of Signing Officer or Director — Date