
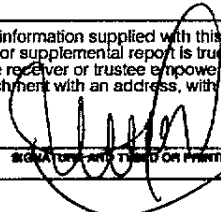


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000042123		
1. Entity Name TIKI SPA INTERNATIONAL, INC.		
Principal Place of Business 591 SR 436 CASSELBERRY, FL 32707		Mailing Address 591 SR 436 CASSELBERRY, FL 32707
DO NOT WRITE IN THIS SPACE		
		02252005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3321980		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
NORIEGA, MONIK 591 E. SEMORAN BLVD CASSELBERRY, FL 32707-5358		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NORIEGA, MONIK 1446 TIERRA CIRCLE WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HARRISON, DAVID J 1446 TIERRA CIRCLE WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Monik Noriega		02 25 05 407.657.7077 <small>Date Daytime Phone #</small>