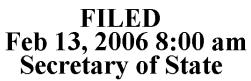
2006 FOR PROFIT CORPORATION

ANNUAL REPORT



DOCUMENT # P98000055618 1. Entity Name THE ASPEN CENTRE SEA & GARDEN SPA, INC.									02-13-200	06 90040	039 ***1	50.00
Principal Place of Business				Mailing Address				J. 1	-			
P.O. BOX 770909 NAPLES, FL 34107				8 MICHAELS LANE OLD BROOKVILLE, NY 11545			 186 \$ 1	ela salal balik basil absil bi	FILL WOLD'S DIEDE O		!!21 L F 2	
2. Principal Place of Business				3. Mailing Address * 0. 80× 710369								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01252006	Chg-P	CR2E0	034 (11/05)	
City & State				City & State NAPLES , FL				4. FEI Num 58-26	ber 35510		No	oplied For ot Applicable
Zip	Country			Zip Coun 34107		itry	Certificate of Status Desired Name and Address of New			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						Name		7. Name ar	d Address of New	Registered	Agent	
ANNUNZIATA, RICHARD S C/O HENDERSON,FRANKLIN,STARNES & HOLT,P.A. 3451 BONITA BAY BLVD., SUITE 206						Street Address (P.O. Box Number is Not Acceptable)						
BONITA SPRINGS, FL 34134					City					Zip Code	0	
The above named entity submits this statement for the purpose of changing its register.						1			d / d · Our · · · · ·	FL	- `	
	named entitions of regist		nt for the p	urpose of changing if	ts register	ed office or i	register	ed agent, or t	ioth, in the State of F	lorida. I am	ramıllar with,	and accept
SIGNATURE_								<u>.</u>				
	Signature, typed	or printed name of registered a	igent and title i	applicable. (NC)TE: Registere	d Agent signatur	re required	when reinstating)	ſ	DATE		
		FEE IS \$150.00 6 Fee will be \$5		9. Election Camp Trust Fund Co		ncing	\$5 . Add	00 May Be ed to Fees				ļ
10,		OFFICERS A	ND DIREC	CTORS	11.			ADDITION	S/CHANGES TO OF	FICERS AND		S IN 11
TITLE NAME	D MAKI, RO	iDiki .		☐ Delete	TITLI NAM		Wa J	Lr. one			Change	☐ Addition
STREET ADDRESS	8 MICHAE					ET ADDRESS		tei, ROS				
CITY-ST-ZIP	OLD BRO	OKVILLE, NY 1154	15		CITY	-ST-ZIP		APLES .	FL 34107			
TITLE NAME				☐ Delete	TITLE NAM						Change	☐ Addition
STREET ADDRESS		•				ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP		· · ·				
TITLE NAME				☐ Delete	TITE	- 1					☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE NAME				☐ Delete	TITLI NAM						Change	☐ Addition
STREET ADDRESS						ET ADDRESS						į
CITY - ST - ZIP					CITY	- ST- ZIP						
TITLE				☐ Delete	TOTAL	1					Change	☐ Addition
NAME STREET ADDRESS					NAM STRE	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITL	E					☐ Change	☐ Addition
NAME STREET ADDRESS					NAM							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP						
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 apport 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.												