## 2008 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P98000058760 TECHNO-SPA MANUFACTURING, INC. 04-30-2008 90177 014 \*\*\*150.00 Principal Place of Business Mailing Address 300 FENTRESS BOULEVARD **300 FENTRESS BOULEVARD** DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 280 FENTRESS BLUD 280 FENTRESS Suite, Apt. #, etc Suite, Apt. #, etc. 04282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3524788 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENNESSY, OLIVIER HENNESSY, SYLVIE Street Address (P.O. Box Number is Not Acceptable) 300 FENTRESS ROAD FENTRESS DAYTONA BEACH, FL 32114 Zip Code **32/14** 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 argent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Delete HENNESSY, OLIVIER HENNESSY, SYLVIE NAME NAME 280 FENTRESS BLUD STREET ADDRESS 300 FENTRESS BLVD. STREET ADDRESS CITY-ST-ZIE DAYTONA BEACH, FL 32114 CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

386-254-1967 OLIVIER HENNESSY

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: