

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 756386**  
 1. Entity Name  
 ELECTROLYSIS SOCIETY OF FLORIDA, INC.



Principal Place of Business      Mailing Address  
 7550 W. UNIVERSITY AVENUE      7550 W. UNIVERSITY AVENUE  
 SUITE C      SUITE C  
 GAINESVILLE, FL 32607 US      GAINESVILLE, FL 32607 US



08112006 No Chg-NP CR2E037 (4/06)

4. FEI Number      Applied For  
 59-2184313      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 BRASINGTON, JESSICA A  
 7550 W. UNIVERSITY AVENUE  
 SUITE C  
 GAINESVILLE, FL 32607

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: *Jessica A. Brasington*      ESF Treasurer      8-15-06  
Signature typed or printed name of registered agent and fee if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HERMANSPAN, KAREN
STREET ADDRESS	10694 S US 1, SUITE B
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	2VP
NAME	HADDAD, ALISSA
STREET ADDRESS	10694 S. US 1, SUITE B
CITY-ST-ZIP	PORT ST. LUCIE, FL 32607
TITLE	CS
NAME	EXUM, PEGGY
STREET ADDRESS	13001 SPRING HILL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	T
NAME	BRASINGTON, JESSICA
STREET ADDRESS	7550 W. UNIVERSITY AVENUE, SUITE C
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	S
NAME	MC ALLISTER, STEPHANIE
STREET ADDRESS	312 SOUTH OLD DIXIE HWY #205
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	ADAMS, JUDY
STREET ADDRESS	651 AIA BEAR BLVD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084

U00000574530  
 08/17/06-80001-007 61.25

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 617, 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: *Jessica A. Brasington*      Jessica A. Brasington      8-15-06      352-331-6797  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #