

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050362

FILED
Apr 20, 2007
Secretary of State

Entity Name: FACIAL ESTHETIQUE INC.

Current Principal Place of Business:

9540 BONITA BCH RD. SE, SUITE 1
BONITA SPRINGS, FL 34135

New Principal Place of Business:

9540 BONITA BCH RD. SE
SUITE 106
BONITA SPRINGS, FL 34135

Current Mailing Address:

9540 BONITA BCH RD. SE, SUITE 1
BONITA SPRINGS, FL 34135

New Mailing Address:

9540 BONITA BCH RD. SE
SUITE 106
BONITA SPRINGS, FL 34135

FEI Number: 02-0690313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROVATO, DEBRA
1459 RIDGE ST
SUITE 1
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

HIPOLITE, JONATHAN
9540 BONITA BEACH RD
SUITE 106
BONITA SPRINGS, FL 34135 US

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: JONATHAN HIPOLITE

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: REED, GRACE H
Address: 9540 BONITA BCH RD. SE, SUITE 1
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: REED, ERIC H
Address: 9540 BONITA BCH RD. SE, SUITE 1
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: REED, GRACE H
Address: 9540 BONITA BCH RD. SE, SUITE 106
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GRACE REED

PST

04/20/2007

Electronic Signature of Signing Officer or Director

Date