

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050067

FILED
Jan 14, 2008
Secretary of State

Entity Name: LASER SOLUTIONS OF SW FLORIDA, INC.

Current Principal Place of Business:

6314 WHISKEY CREEK DR
FORT MYERS, FL 33919

New Principal Place of Business:

6314 WHISKEY CREEK DR
STE. A
FORT MYERS, FL 33919

Current Mailing Address:

6314 WHISKEY CREEK DR
FORT MYERS, FL 33919

New Mailing Address:

6314 WHISKEY CREEK DR
STE. A
FORT MYERS, FL 33919

FEI Number: 30-0360174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VEST, DEREK E
Address: 15750 CATALPA COVE DR
City-St-Zip: FORT MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: VEST, TARA E
Address: 6065 POMPANO ST
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify 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: DEREK VEST

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date