

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104771

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: FUSION MEDICAL AESTHETICS AND WELLNESS CENTER INC.

## Current Principal Place of Business:

1650 B SOUTH CONGRESS  
PALM SPRINGS, FL 334612142 US

## New Principal Place of Business:

## Current Mailing Address:

1650 B SOUTH CONGRESS  
PALM SPRINGS, FL 334612142 US

## New Mailing Address:

FEI Number: 20-5368050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENNETT, JOHNNICA  
7874 BISHOPWOOD ROAD  
LAKE WORTH, FL 33467 US

## Name and Address of New Registered Agent:

BENNETT, JOHNNICA M  
7871 BISHOPWOOD ROAD  
LAKE WORTH, FL 33467 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: JOHNNICA M. BENNETT

04/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HILL, JACQUELYN  
Address: 5112 CRESCENT MOON DRIVE  
City-St-Zip: GREENACRES, FL 33463 US

Title: VP ( ) Delete  
Name: BENNETT, JOHNNICA  
Address: 7871 BISHOPWOOD ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HILL, JACQUELYN L  
Address: 5112 CRESCENT MOON DRIVE  
City-St-Zip: GREENACRES, FL 33463 US

Title: VP (X) Change ( ) Addition  
Name: BENNETT, JOHNNICA M  
Address: 7871 BISHOPWOOD ROAD  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: TRES ( ) Change (X) Addition  
Name: HILL, EARL II  
Address: 5112 CRESCENT MOON DRIVE  
City-St-Zip: GREENACRES, FL 33467

Title: SEC ( ) Change (X) Addition  
Name: BENNETT, ANTHONY C  
Address: 7871 BISHOPWOOD RD  
City-St-Zip: LAKE WORTH, FL 33467

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: JOHNNICA M BENNETT

VP

04/03/2007

Electronic Signature of Signing Officer or Director

Date