2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005258

City-St-Zip:

CLEARWATER, FL 33765

Entity Name: AESTHETICS INC. OF DELAWARE

FILED Apr 01, 2005 Secretary of State

Entity Nan	ne: AESTHE	HCS, INC	. OF DELAWARE					
Current Principal Place of Business:					New Principal Place of Business:			
	IIGHT PASO V ATER, FL 3376					IGHT PASS TER, FL 33		
Current Mailing Address:					New Mailing Address:			
PO BOX 64 CLEARWA	442 ATER, FL 3378	58 US						
FEI Number:	59-3202506	FEI Nun	nber Applied For()	FEI Numb	er Not Appli	cable ()	Certificate of Status Des	sired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
SPRINGER, GEORGE 1827 OAKLAKE DRIVE CLEARWATER, FL 33764 US					SPRINGER, GEORGE 1827 OAK LAKE DRIVE CLEARWATER, FL 33764 US			
The above in the State		submits th	nis statement for the p	ourpose of c	hanging it	s registered	d office or registered age	nt, or both,
SIGNATURE:					04/01/2005			
Electronic Signature of Registered Agent					Date			
Election Can	npaign Financing	g Trust Fur	nd Contribution ().					
OFFICERS	S AND DIREC	TORS:		Δ	DDITION	S/CHANGE	S TO OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	PCD () SPRINGER, GE 1827 OAK LAKI CLEARWATER	E DR.		N A	itle: ame: ddress: ity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () LUND, STEVEN 1514 MIDNIGH CLEARWATER	T PASS		N A	itle: ame: ddress: ity-St-Zip:	LUND, STEV 1514 MIDNIC	(X) Change ()Addition EN ЭНТ PASS WAY ER, FL 33765	
Title: Name: Address:	D () REED, RENE 1770 BRAXTON	Delete I BRAGG L	ANE	N	itle: ame: ddress:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: STEVEN LUND VSD 04/01/2005