2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2010
Secretary of State

DOCUMENT# N04000005714

Entity Name: AMERICAN ACADEMY OF MEDICAL ESTHETIC PROFESSIONALS, INC.

Current Principal Place of Business:

2000 SO. ANDREWS AVE
FT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1120 S. FEDERAL HIGHWAY
SUITE 4
FT LAUDERDALE, FL 33316

New Mailing Address:

2000 S. ANDREWS AVENUE
FT LAUDERDALE, FL 33316

FEI Number: 20-1088319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PARKER, SASHA
508 SW 5TH AVE
FT LAUDERDALE, FL 33315 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

OFFICERS AND DIRECTORS:

Title: D
Name: PARKER, SASHA
Address: 508 SW 5TH AVE
City-St-Zip: FT LAUDERDALE, FL 33315

Title: D
Name: JAKARY, KATHY
Address: 24936 SUMMERWIND
City-St-Zip: DANA POINT, CA 92629

Title: D
Name: GIORDANO, LEIGH
Address: 7955 EAST CHAPARRAL RD #63
City-St-Zip: SCOTTSDALE, AZ 85250

Title: D
Name: OLCOTT, JOAN
Address: 10718 E. FENNIMORE RD
City-St-Zip: MESA, AZ 85207

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SASHA PARKER PRES 05/25/2010

Electronic Signature of Signing Officer or Director — Date