2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009695

Address:

City-St-Zip:

950 SW 55 AVE.

MARGATE, FL 33068

FILED Feb 18, 2008 Secretary of State

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Entity Nar	ne: LAUDEF	RHILL LASERS, INC.			
Current Principal Place of Business:			New Principal Place o	of Business:	
8103 NW 7 TAMARAC	71 AVE. 5, FL 33321				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
8103 NW 7 TAMARAC	71 AVE. s, FL 33321				
FEI Number:	38-3767976	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HYMAN, MARC			HYMAN, MARC MANA	HYMAN, MARC MANAGER	
8103 NW 7	71 AVE.		8103 NW 71 AVE		
TAMARAC	, FL 33321	US	TAMARAC, FL 33321	US	
The above named entity submits this statement for the purp in the State of Florida. SIGNATURE: MARC HYMAN			urpose of changing its registered	office or registered agent, or both, 02/18/2008	
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	M (HYMAN, MAR 8103 NW 71 A TAMARAC, FL	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (HYMAN, TANY 8103 NW 71 A TAMARAC, FL	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SULLIVAN, RO 5025 WILES I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	C (SANCHEZ, PH) Delete IIL	Title: Name:	() Change () Addition	

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

Address:

City-St-Zip:

SIGNATURE: TANYA HYMAN T 02/18/2008