2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N08000008540

Entity Name: INTERNATIONAL AESTHETICS & LASER ASSOCIATION, INC.

Current Principal Place of Business:

4830 W. KENNEDY BOULEVARD
SUITE 440
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4830 W. KENNEDY BOULEVARD
SUITE 440
TAMPA, FL 33609

New Mailing Address:

FEI Number: 26-3346606 **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:

STROTHMAN, NICOLE
4830 W. KENNEDY BOULEVARD
SUITE 440
TAMPA, FL 33609 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:	P	( ) Delete
Name:	PIECUCH, KEVIN	
Address:	24555 HALLWOOD CT.	
City-St-Zip:	FARMINGTON HILLS, MI 48355 US	
Title:	VP	( ) Delete
Name:	PITT, JOE	
Address:	10710 SIKES PLACE, SUITE 120	
City-St-Zip:	CHARLOTTE, NC 28277 US	
Title:	SEC	( ) Delete
Name:	HAMILTON, MARNI	
Address:	S116 SPADINA AVENUE, SUITE 100	
City-St-Zip:	TORONTO, ON M5V2K6 CA	
Title:	TRES	( ) Delete
Name:	STROTHMAN, NICOLE	
Address:	4830 W. KENNEDY BOULEVARD, SUITE 440	
City-St-Zip:	TAMPA, FL 33609 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SEC	(X) Change ( ) Addition
Name:	ROBERTSON, LORNE	
Address:	S116 SPADINA AVENUE, SUITE 100	
City-St-Zip:	TORONTO, ON M5V2K6 CA	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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.

SIGNATURE: NICOLE STROTHMAN TRES 06/16/2009

Electronic Signature of Signing Officer or Director — Date