2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48078

Apr 29, 2005 Secretary of State

Entity Name: ELECTROLYSIS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1450 CORAL WAY 7154 VIA GENOVA SUITE 8 DELRAY BEACH, FL 33446 MIAMI, FL 33145 **Current Mailing Address: New Mailing Address:** 1609 S.W. 57TH AVENUE MIAMI, FL 33155 FEI Number: 65-0325228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAUGAR, CHINA A 1609 S.W. 57TH AVENUE MIAMI, FL 33155 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EIMIL, ALCIRA Name: Name: 6175 N.W. 153RD STREET, SUITE 212 Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: SD Title: STD (X) Change () Addition () Delete Name: ROSLYN, GOLDBERG Name: ROSLYN, GOLDBERG Address: 7154 VIA GENOVA Address: 7154 VIA GENOVA City-St-Zip: DEL RAY BEACH, FL 33446 City-St-Zip: DEL RAY BEACH, FL 33446 Title: VPD () Delete Title: () Change () Addition HEMBREE, ROBIN Name: Name: Address: 715 S.W. 1ST COURT Address: City-St-Zip: DAYTONA BEACH, FL 33426 City-St-Zip: Title: TD (X) Delete Title: () Change () Addition Name: CAMPBELL, SANDRA JEAN Name: 1450 CORAL WAY, SUITE 8 Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip:

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

SIGNATURE: ROSLYN GOLDBERG STD 04/29/2005