## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000051141

Entity Name: THE RESURFACING DOCTOR, INC.

FILED Feb 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11650 NW 39TH PL. 14806 94 ST N

SUNRISE, FL 33323 WEST PALM BEACH, FL 33412

Current Mailing Address: New Mailing Address:

11650 NW 39TH PL. 14806 94 ST N

SUNRISE, FL 33323 WEST PALM BEACH, FL 33412

FEI Number: 65-1125889 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:

NUGENT, MATTHEW E NUGENT, MATTHEW E 11650 NW 39 PL 14806 94 ST N

SUNRISE, FL 33323 US WEST PALM BEACH, FL 33412 US

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: MATT NUGENT 02/02/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P
 (X) Char

 Name:
 NUGENT, MATTHEW
 Name:
 NUGENT, MATTHEW

Address: 11650 NW 39 PL Address: 14806 94 ST N

City-St-Zip: SUNRISE, FL 33323 City-St-Zip: WEST PALM BEACH, FL 33412

 Title:
 VP
 ( ) Delete
 Title:
 VP
 (X) Change ( ) Addition

 Name:
 HOWE, PATRICIA
 Name:
 HOWE, PATRICIA

 Address:
 11650 NW 39 PL
 Address:
 14806 94 ST N

 City-St-Zip:
 SUNRISE, FL 33323
 City-St-Zip:
 WEST PALM BEACH, FL 33412

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

SIGNATURE: MATT NUGENT P 02/02/2008