

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000021143

FILED
Mar 15, 2007
Secretary of State

Entity Name: LASER TECH SERVICES OF TAMPA BAY, INC.

Current Principal Place of Business:

POST OFFICE BOX 343
SAFETY HARBOR, FL 34695

New Principal Place of Business:

32 SUMMIT LANE
SAFETY HARBOR, FL 34695

Current Mailing Address:

POST OFFICE BOX 343
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 03-0389813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGADE, LOU A
P.O. BOX 343
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

SEGADE, LOU A
32 SUMMIT LANE
SAFETY HARBOR, FL 34695 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: _____

Electronic Signature of Registered Agent

03/15/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEGADE, LOU
Address: 32 SUMMIT LN
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V () Delete
Name: SEGADE, WENDY
Address: 32 SUMMIT LN
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WENDY SEGADE

V

03/15/2007

Electronic Signature of Signing Officer or Director

Date