

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093770

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: FACE TO FACE AESTHETIC CENTER, INC.

## Current Principal Place of Business:

821 E. OCEAN BLVD.  
STE D  
STUART, FL 34994

## New Principal Place of Business:

508 SE OSCEOLA STREET  
STUART, FL 34994

## Current Mailing Address:

821 E. OCEAN BLVD.  
STE D  
STUART, FL 34994

## New Mailing Address:

508 SE OSCEOLA STREET  
STE D  
STUART, FL 34994

FEI Number: 03-0473477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHERRELL, LISA M  
4654 S.E. HORSESHOEPOINT RD.  
STUART, FL 34997 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SHERRELL, LISA M  
Address: 4654 HORSESHOE POINT RD.  
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete  
Name: SHERRELL, RODNEY P  
Address: 4654 HORSESHOE POINT RD.  
City-St-Zip: STUART, FL 34997

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

SIGNATURE: LISA M. SHERRELL

PSTD

03/22/2005

Electronic Signature of Signing Officer or Director

Date