2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P03000111119

Entity Name: ALLURE COSMETIC MEDICAL CENTER, INC.

Current Principal Place of Business:

664 KINGLSEY AVE. #106
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

664 KINGLSEY AVE. #106
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 56-2410985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LLOYD, ANTOINETTE
664 KINGLEY AVE #106
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

LLOYD, ANTOINETTE
664 KINGSLEY AVE
#106
ORANGE PARK, FL 32073 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: 05/01/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete
Name: LLOYD, ANTOINETTE L
Address: 727 WESTMINSTER DR
City-St-Zip: ORANGE PARK, FL 32073

Title: T ( ) Delete
Name: LLOYD, ANTOINETTE L
Address: 727 WESTMINSTER DR
City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: LLOYD, ANTOINETTE L DR
Address: 727 WESTMINSTER DR
City-St-Zip: ORANGE PARK, FL 32073

Title: VP ( ) Change (X) Addition
Name: MONTGOMERY, JOHN M DR.
Address: 664 KINGSLEY AVE
City-St-Zip: ORANGE PARK, FL 32073

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: ANTOINETTE LLOYD CEO 05/01/2006
Electronic Signature of Signing Officer or Director — Date