


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90389 037 ***150.00

DOCUMENT # P03000111119 1. Entity Name ALLURE COSMETIC MEDICAL CENTER, INC.	
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Principal Place of Business 664 KINGLSEY AVE. #106 ORANGE PARK, FL 32073	Mailing Address 664 KINGLSEY AVE. #106 ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE

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04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2410985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LLOYD, ANTOINETTE 664 KINGSLEY AVE #106 ORANGE PARK, FL 32073

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP LLOYD, ANTOINETTE L 727 WESTMINSTER DR 664 Kingsley Ave #106 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LLOYD, ANTOINETTE L DR 727 WESTMINSTER DR 664 Kingsley Ave #106 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MONTGOMERY, JOHN M DR. 664 KINGSLEY AVE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Antoinette Lloyd Antoinette Lloyd 4/18/07 (904) 269-1509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #