


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000018526
 1. Entity Name
RAYDIANCE FACIAL, INC.



Principal Place of Business
 4047 CARLYLE LAKES BLVD.
 PALM HARBOR, FL 34685

Mailing Address
 4047 CARLYLE LAKES BLVD.
 PALM HARBOR, FL 34685



01072007 No Chg-P CR2E034 (11/05)

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4. FEI Number 30-0239168	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOEHN, JUDITH R
 4047 CARLYLE LAKES BLVD.
 PALM HARBOR, FL 34685

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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 Judith R. Koehn (NOTE: Registered Agent signature required when reinstating) DATE 1/8/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOEHN, JUDITH R 4047 CARLYLE LAKES BLVD. PALM HARBOR, FL 34685
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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: Judith R. Koehn JUDITH R. KOEHN DATE 1/8/07 727-943-9014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #