

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018526

Entity Name: RAYDIANCE FACIAL, INC.

FILED  
Feb 02, 2011  
Secretary of State

**Current Principal Place of Business:**

4047 CARLYLE LAKES BLVD.  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

4047 CARLYLE LAKES BLVD.  
PALM HARBOR, FL 34685

**New Mailing Address:**

FEI Number: 30-0239168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KOEHN, JUDITH R  
Address: 4047 CARLYLE LAKES BLVD.  
City-St-Zip: PALM HARBOR, FL 34685

Title: PS  
Name: KOEHN, JUDITH R  
Address: 4047 CARLYLE LAKES BLVD  
City-St-Zip: PALM HARBOR, FL 34685

Title: V  
Name: KOEHN, DENNIS L  
Address: 4047 CARLYLE LAKES BLVD  
City-St-Zip: PALM HARBOR, FL 34685

I hereby 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 all other like empowered.

SIGNATURE: JUDITH R. KOEHN

PRES

02/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date