


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000023194 1. Entity Name CLARITY MEDICAL AESTHETICS, INC.	
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Principal Place of Business 1939 HIGHLAND OAKS BLVD LUTZ, FL 33559	Mailing Address 1939 HIGHLAND OAKS BLVD LUTZ, FL 33559
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0672627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCKEE, ELIZABETH CPA
1718 E 7TH AVE #301
TAMPA, FL 33605**

**DO NOT WRITE
IN THIS SPACE**

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	P PORTER, SHERYL 1939 HIGHLAND OAKS BLVD LUTZ, FL 33559
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05/08/07-80079-021 150.00

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:  **Sheryl Porter** 4-23-07 813 949-4154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #