2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P04000023194

Entity Name: CLARITY MEDICAL AESTHETICS, INC.

Current Principal Place of Business:

1939 HIGHLAND OAKS BLVD
LUTZ, FL 33559

New Principal Place of Business:

20615 AMBERFIELD DR
LUTZ, FL 33559

Current Mailing Address:

1939 HIGHLAND OAKS BLVD
LUTZ, FL 33559

New Mailing Address:

20615 AMBERFIELD DR
LUTZ, FL 33559

FEI Number: 20-0672627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PORTER, SHERYL
Address: 1939 HIGHLAND OAKS BLVD
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PORTER, SHERYL
Address: 20615 AMBERFIELD
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify 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: SHERYL PORTER P 04/30/2008

Electronic Signature of Signing Officer or Director — Date