

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90014 040 ***150.00

DOCUMENT # P04000084673					
1. Entity Name RADIANT AESTHETICS, INC. <i>RadiantAesthetics Inc.</i>					
Principal Place of Business 5130 LINTON BOULEVARD DELRAY BEACH, FL 33484			Mailing Address 5130 LINTON BOULEVARD DELRAY BEACH, FL 33484		
2. Principal Place of Business - No P.O. Box # 10075 JOG ROAD Suite, Apt. #, etc. 202			3. Mailing Address 6955 Thicket trace Suite, Apt. #, etc.		
City & State BOYNTON BEACH, FL Zip 33437 Country USA		City & State LAKE WORTH FL Zip 33467 Country USA		4. FEI Number 20-1176234	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent SHEPHERD, DIANE A 5130 LINTON BOULEVARD DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent Name DIANE SHEPHERD Street Address (P.O. Box Number is Not Acceptable) 10075 JOG ROAD Suite 202 City BOYNTON BEACH FL Zip Code 33437		
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 <i>Diane A Shepherd</i> DATE 4-1-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPHERD, DIANE A 6955 THICKET TRACE LAKE WORTH, FL 33467		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Diane A Shepherd</i> DATE 4-1-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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