

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102076

FILED
Apr 20, 2005
Secretary of State

Entity Name: MEDI-SPAS OF AMERICA, INC.

Current Principal Place of Business:

10412 CARROLL COVE PLACE
TAMPA, FL 33612

New Principal Place of Business:

34176 US 19, NO
PALM HARBOR, FL 34684

Current Mailing Address:

10412 CARROLL COVE PLACE
TAMPA, FL 33612

New Mailing Address:

34156 US 19, NO
PALM HARBOR, FL 34684

FEI Number: 20-1342527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DARRELL C
101 EAST KENNEDY BOULEVARD
SUITE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HARRELL, RANDALL
34156 US 19, NO
PALM HARBOR, FL 34684 US

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: RANDALL HARRELL

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHR () Change (X) Addition
Name: WELCH, RICHARD T
Address: 2133 CARROLL GARDEN LN
City-St-Zip: TAMPA, FL 33612

Title: CEO () Change (X) Addition
Name: DICKSON, JEFFREY
Address: 101 HOMEPORT DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: SEC () Change (X) Addition
Name: HARRELL, RANDALL
Address: 1972 MACGREGOR RD
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD T WELCH

CHR

04/20/2005

Electronic Signature of Signing Officer or Director

Date