

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159661

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** HARMONY POINT LASER INC.

**Current Principal Place of Business:**

9926 BEACH BLVD.  
STE. 204  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

3545-1 ST JOHNS BLUFF RD SO  
STE. 246  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

9926 BEACH BLVD.  
STE. 204  
JACKSONVILLE, FL 32246

**New Mailing Address:**

3545-1 ST JOHNS BLUFF RD SO  
STE. 246  
JACKSONVILLE, FL 32224

**FEI Number:** 35-2242859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALSH, LYNDIA  
9926 BEACH BLVD.  
STE. 204  
JACKSONVILLE, FL 32246 US

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

WALSH, LYNDIA  
3545-1 ST JOHNS BLUFF RD SO  
STE. 246  
JACKSONVILLE, FL 32224 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:

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: WALSH, LYNDIA  
Address: 3545-1 ST JOHNS BLUFF RD SO.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VSD  
Name: WALSH, JOHN J  
Address: 3545-1 ST JOHNS BLUFF RD SO STE 246  
City-St-Zip: JACKSONVILLE, FL 32224

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: JOHN J WALSH

VSD

01/06/2011

Electronic Signature of Signing Officer or Director

Date