2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007
Secretary of State

DOCUMENT# P05000010776

Entity Name: REJUVERANCE INC.

Current Principal Place of Business:

524 HARRISON AVENUE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

249 LUCIA AVENUE
PORT SAINT JOE, FL 32456 US

Current Mailing Address:

524 HARRISON AVENUE
PANAMA CITY, FL 32401 US

New Mailing Address:

249 LUCIA AVENUE
PORT SAINT JOE, FL 32456

FEI Number: 20-2199064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SYDNEY, NAVEEN
249 LUCIA AVENUE
PORT ST JOE, FL 32456 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SYDNEY, NAVEEN
Address: 249 LUCIA AVENUE
City-St-Zip: PORT ST JOE, FL 32456 US

Title: S ( ) Delete
Name: SYDNEY, NAVEEN
Address: 249 LUCIA AVENUE
City-St-Zip: PORT ST JOE, FL 32456 US

Title: VP ( ) Delete
Name: OUIMET, JULIE
Address: 249 LUCIA AVENUE
City-St-Zip: PORT ST JOE, FL 32456 US

Title: T ( ) Delete
Name: OUIMET, JULIE
Address: 249 LUCIA AVENUE
City-St-Zip: PORT ST JOE, FL 32456 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NAVEEN SYDNEY NS 08/16/2007
Electronic Signature of Signing Officer or Director Date