

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040202

FILED
Apr 15, 2006
Secretary of State

Entity Name: NECTAR'S AESTHETIC HEALTH CONSULTANTS, INC.

Current Principal Place of Business:

168 VILLA DI ESTE TERRACE #112
LAKE MARY, FL 32746

New Principal Place of Business:

328 TERSAS CT
LAKE MARY, FL 32746

Current Mailing Address:

168 VILLA DI ESTE TERRACE #112
LAKE MARY, FL 32746

New Mailing Address:

328 TERSAS CT
LAKE MARY, FL 32746

FEI Number: 75-3186046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLILAND, LINDA L
168 VILLA DI ESTE TERRACE #112
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

GILLILAND, LINDA L
328 TERSAS CT
LAKE MARY, FL 32746 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:

04/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: GILLILAND, LINDA L
Address: 168 VILLA DI ESTE TERRACE #112
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: GILLILAND, LINDA L
Address: 328 TERSAS CT
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA GILLILAND

PSD

04/15/2006

Electronic Signature of Signing Officer or Director

Date