2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# P05000090140

Entity Name: BEACHES MEDICAL SPA & LASER CENTER, INC.

Current Principal Place of Business:

1545 S. 14TH STREET
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

1545 S. 14TH STREET
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 20-3047534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIMAS, STACI
1545 S. 14TH STREET
FERNANDINA BEACH, FL 32034 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete
Name: TRIMAS, STACI
Address: 1545 S. 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VP,D ( ) Delete
Name: WHITESELL, JOHN
Address: 1545 S. 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D ( ) Delete
Name: WHITESELL, EUGENIE
Address: 1545 S. 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D ( ) Delete
Name: TRIMAS, SCOTT
Address: 1545 S. 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D ( ) Delete
Name: EVANS, HARWOOD J
Address: 1545 S. 14TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

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:

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: STACI TRIMAS P, D 01/18/2008

Electronic Signature of Signing Officer or Director Date