2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

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Entity Name: UTOPIA MEDI SPA, INCORPORATED

Current Principal Place of Business:

2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404
BUILDING B- SUITE 404
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404
BUILDING B- SUITE 404
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, TRACY A
2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404
BUILDING B- SUITE 404
CLEARWATER, FL 33759 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: D
Name: GARCIA, CARLOS M M.D.
Address: 2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404
City-St-Zip: CLEARWATER, FL 33759

Title: D
Name: GARCIA, TRACY A PRES
Address: 2454 MCMULLEN BOOTH RD., BLDG. B, STE. 404
City-St-Zip: CLEARWATER, FL 33759

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: TRACY A. GARCIA P 03/30/2010

Electronic Signature of Signing Officer or Director — Date