


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90078 034 \*\*\*150.00

<b>DOCUMENT # P06000093993</b> 1. Entity Name <b>COSMETIC SURGERY TRAINING CENTERS INTERNATIONAL, INC.</b>					
Principal Place of Business <b>140 GATEWAY CIRCLE JACKSONVILLE, FL 32259</b>			Mailing Address <b>140 GATEWAY CIRCLE JACKSONVILLE, FL 32259</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MCLANE, CHARLES JR. 218 ST. JOHNS FOREST BLVD. JACKSONVILLE, FL 32259</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLANE, CHARLES JR. 218 ST. JOHNS FOREST BLVD. JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCLANE, NATALIE 218 ST. JOHNS FOREST BLVD. JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, SHAWN 3836 PADDINGTON PLACE ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POWELL, FRED 3836 PADDINGTON PLACE ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/30/07 (904) 824-8100 <small>Date Time Phone</small>		