2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P06000095585

Entity Name: AMERICAN CENTER OF MEDICINE & COSMETOLOGY, INC.

Current Principal Place of Business:

2840 WEST BAY DR.
SUITE 307
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

2840 WEST BAY DR.
SUITE 307
LARGO, FL 33770

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:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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 ( ) Delete
Name: VISSOKOVSKY, ALEXANDRIA
Address: 2840 WEST BAY DR., SUITE #370
City-St-Zip: LARGO, FL 33770

Title: V ( ) Delete
Name: TURINO, NIKOLAS
Address: 6501 RIDGE CREST DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: T ( ) Delete
Name: LEE, VICTORIA
Address: 6501 RIDGE CREST DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: S ( ) Delete
Name: LEE, VICTORIA
Address: 2840 WEST BAY DR., SUITE #370
City-St-Zip: LARGO, FL 33770

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: ALEXANDRIA VISSOKOVSKY P 04/30/2007

Electronic Signature of Signing Officer or Director — Date