

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073394

FILED
Apr 07, 2008
Secretary of State

Entity Name: TOTAL BODY AESTHETICS, INC.

Current Principal Place of Business:

3491 PALL MALL DR
STE 110
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

340 3RD AVE S.
C
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

2535 ST JOHNS BLVD
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 26-0421714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUSER, STEPHANIE K
2535 ST JOHN BLVD
JACKSONVILLE BEACH, FL 32250 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,S () Delete
Name: COUSER, STEPHANIE K
Address: 2535 ST JOHNS BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VP,T () Delete
Name: COUSER, CLIFFORD A
Address: 2535 ST JOHNS BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEPHANIE K. COUSER

P

04/07/2008

Electronic Signature of Signing Officer or Director

Date