2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2009
Secretary of State

DOCUMENT# P08000030029

Entity Name: SKIN RESTORATION OF TAMPA INC.

Current Principal Place of Business:

2511 SWANN AVENUE
SUITE 104
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2511 SWANN AVENUE
SUITE 104
TAMPA, FL 33609

New Mailing Address:

3618 DANA SHORES DRIVE
TAMPA, FL 33634

FEI Number: 26-2351256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MISCICHOWSKI, VICTORIA L
Address: 2511 SWANN AVENUE, SUITE 104
City-St-Zip: TAMPA, FL 33609

Title: ST ( ) Delete
Name: WILLIAMS, PHILIP WAYNE
Address: 2511 SWANN AVENUE, SUITE 104
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MISCICHOWSKI, VICTORIA L
Address: 3618 DANA SHORES DRIVE
City-St-Zip: TAMPA, FL 33634

Title: ST (X) Change ( ) Addition
Name: WILLIAMS, PHILIP W
Address: 3618 DANA SHORES DRIVE
City-St-Zip: TAMPA, FL 33634

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: VICTORIA L. MISCICHOWSKI PD 07/26/2009

Electronic Signature of Signing Officer or Director Date