

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90180 033 \*\*\*150.00

<b>DOCUMENT # P96000061427</b> 1. Entity Name VISAGE - HEALTH AND BEAUTY SERVICES, INC.	
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Principal Place of Business 1202 TECH BLVD STE 100 TAMPA, FL 33619	Mailing Address 1202 TECH BLVD STE 100 TAMPA, FL 33619
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**50048118**



04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3991986	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  MULDER, JOANNA 1202 TECH BLVD TAMPA, FL 33619
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULDER, JOANNA 2553 MASON OAKS DR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>STD MICHAEL, MAXINE 1202 TECH BLVD STE 100 TAMPA, FL 33619</del> <i>No longer an officer/employed With Visage Ent.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MURRAY, MAUREEN 1202 TECH BLVD STE 100 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
Date: 4/26/05 Daytime Phone #: 813-6200020