2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State
01-11-2007 90047 035 ***158.75

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1. Entity Name
VISAGE - HEALTH AND BEAUTY SERVICES, INC.

Principal Place of Business	Mailing Address
1202 TECH BLVD STE 100 TAMPA, FL 33619	1202 TECH BLVD STE 100 TAMPA, FL 33619

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
221 Hobbs Street	221 Hobbs Street
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Tampa, FL	City & State Tampa, FL
Zip: 33619 / Country: USA	Zip: 33619 / Country: USA

01052007 Chg-P CR2E034 (12/06)

4. FEI Number: 59-3991986 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MULDER, JOANNA 1202 TECH BLVD TAMPA, FL 33619	Name: Mulder, Joanna Street Address (P.O. Box Number is Not Acceptable): 221 Hobbs Street Suite 101 City: Tampa, FL Zip Code: 33619

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULDER, JOANNA 2553 MASON OAKS DR. VALRICO, FL 33594 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D Mulder, Joanna 2553 Mason Oaks Dr Valrico, FL 33594 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MURRAY, MAUREEN 1202 TECH BLVD STE 100 TAMPA, FL 33619 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/C/D Murray, Maureen 3543 High Hampton Cir. Tampa, FL 33610 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: J Mulder — 1/5/2007 — 813-657-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #