2007 FOR PROFIT CORPORATION

May 03, 2007 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P97000092772 1. Entity Name ELECTROLYSIS BY CARLA, INC. Principal Place of Business Mailing Address 6801 LAKE WORTH RD **4890 WITCH LANE** LAKE WORTH, FL 33461 SUITE 207 LAKE WORTH, FL 33467 No Chg-P CR2E034 (11/05) 01222007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0791593 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NIZNIK, CARLA DO NOT WRITE 4890 WITCH LANE LAKE WORTH, FL 33461 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees **PSTD** TITLE NAME NIZNIK, CARLA 4890 WITCH LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461 U00000759053 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR

FILED