2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 20, 2005
Secretary of State

DOCUMENT# F02000001930

Entity Name: DERMALOGICA, INC.

Current Principal Place of Business:

1000 BRICKELL AVE
STE 660
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1001 KNOX STREET
TORRANCE, CA 90502

New Mailing Address:

1535 BEACHEY PLACE
CARSON, CA 90746

FEI Number: 95-3874566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUBILLOS, VICTORIA
1000 BRICKELL AVENUE
SUITE 660
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WURWAND, RAYMOND
Address: 1001 KNOX STREET
City-St-Zip: TORRANCE, CA 90502

Title: S ( ) Delete
Name: WURWAND, JANE
Address: 1001 KNOX STREET
City-St-Zip: TORRANCE, CA 90502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WURWAND, RAYMOND
Address: 1535 BEACHEY PLACE
City-St-Zip: CARSON, CA 90746

Title: S (X) Change ( ) Addition
Name: WURWAND, JANE
Address: 1535 BEACHEY PLACE
City-St-Zip: CARSON, CA 90746

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND WURWAND PRES 09/20/2005

Electronic Signature of Signing Officer or Director — Date