

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F69941

FILED
Jan 22, 2009
Secretary of State

Entity Name: KATHE HEIDE SKIN CARE CLINIC, INC.

Current Principal Place of Business:

% KATHE I HEIDE
535 BEACHLAND BLVD.
VERO BEACH, FL 329631742

New Principal Place of Business:

Current Mailing Address:

% KATHE I HEIDE
535 BEACHLAND BLVD.
VERO BEACH, FL 329631742

New Mailing Address:

FEI Number: 59-2170487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIDE, KATHE I
535 BEACHLAND BLVD.
VERO BEACH, FL US

Name and Address of New Registered Agent:

HEIDE, KATHE I
535 BEACHLAND BLVD.
VERO BEACH, FL 32963 US

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: _____

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HEIDE, KATHE I,
Address: 3060 11TH AVE
City-St-Zip: VERO BCH, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HEIDE, KATHE I
Address: 3060 11TH AVE
City-St-Zip: VERO BEACH, FL 32960

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: KATHE I HEIDE

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date