2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# L02000006567

Entity Name: SKIN CARE CONCEPTS, LLC

Current Principal Place of Business:

2385 EXECUTIVE CENTER DR
SUITE 100
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

7336 WOODMONT CT
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 03-0412118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, GAIL
7336 WOODMONT CT
BOCA RATON, FL 33434 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

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	GRILLO, VICTOR N SR	
Address:	1017 GRAND COURT	
City-St-Zip:	HIGHLAND BEACH, FL 33487	
Title:	MGRM	( ) Delete
Name:	WYSOCKI, RAYMOND J	
Address:	45 SEAPUIT ROAD	
City-St-Zip:	OSTERVILLE, MA 02655	
Title:	MGR	( ) Delete
Name:	TRANSACTIONAL MARKET, ING PARTNERS, I NC	
Address:	3340 OCEAN PARK BLVD, STE 3050	
City-St-Zip:	SANTA MONICA, CA 90405	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VICTOR N. GRILLO, SR. M 04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date