## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076762

Entity Name: INTEGRATED SKINCARE LTD.

FILED Jul 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8359 BEACON BLVD. 4755 SUMMERLIN RD.

SUITE 400 UNIT 3

FORT MYERS, FL 33907 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

8359 BEACON BLVD. 4755 SUMMERLIN RD. SUITE 400 FORT MYERS, FL 33907

FORT MYERS, FL 33907

FEI Number: 20-3203099 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOREEN, DESTEFANO
8359 BEACON BLVD.
SUITE 400
DOREEN, DESTEFANO
225 NE 7TH PLACE
CAPE CORAL EL 33909

SUITE 400 CAPE CORAL, FL 33909 US FORT MYERS, FL 33907 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: 07/26/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name:DESTEFANO, DOREENName:DESTEFANO, DOREENAddress:8359 BEACON BLVD. SUITE 400Address:4755 SUMMERLIN RDCity-St-Zip:FORT MYERS, FL 33907City-St-Zip:FORT MYERS, FL 33907

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 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: DOREEN DESTEFANO MGR 07/26/2007