2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005
Secretary of State

DOCUMENT# P00000059985

Entity Name: HEALTHY COMPLEXIONS, INC.

Current Principal Place of Business:

20400 TRAILSIDE DRIVE
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

1105 CAPE CORAL PKWY.
SUITE C
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 59-3654051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUTT, DARRIN R
1105 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: BRYNER, MARTIN
Address: 5356 COBALT CT
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete
Name: BRYNER, LORRAINE
Address: 5356 COBALT CT
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD ( ) Delete
Name: NEGLIO, THOMAS M
Address: 1207 SW 49TH TERR
City-St-Zip: CAPE CORAL, FL 33914

Title: SD ( ) Delete
Name: NEGLIO, CYNTHIA
Address: 1207 SW 49TH TERR
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: THOMAS M. NEGLIO VPD 07/14/2005

Electronic Signature of Signing Officer or Director — Date