

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059985

FILED
Apr 28, 2006
Secretary of State

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:

20400 TRAILSIDE DRIVE
ESTERO, FL 33928

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRYNER, MARTIN
Address: 5356 COBALT CT
City-St-Zip: CAPE CORAL, FL 33904

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 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: THOMAS NEGLIO

DVP

04/28/2006

Electronic Signature of Signing Officer or Director

Date