2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004
Secretary of State

DOCUMENT# P00000076309

Entity Name: SKIN TONICS, INC.

Current Principal Place of Business:

421 GOLFVIEW DR
NAPLES, FL 34110

New Principal Place of Business:

582 9TH STREET S.
NAPLES, FL 34102

Current Mailing Address:

421 GOLFVIEW DR.
NAPLES, FL 34110

New Mailing Address:

582 9TH STREET S.
NAPLES, FL 34102

FEI Number: 59-3664840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORKER, FRANK X
795 A MEADOWLAND DR
NAPLES, FL 34108 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: FORKER, LETICIA M
Address: 421 GOLFVIEW DR
City-St-Zip: NAPLES, FL 34110

Title: VT ( ) Delete
Name: WYANT, DONA M
Address: 421 GOLFVIEW DR
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: FORKER, LETICIA M
Address: 795A MEADOWLAND DRIVE
City-St-Zip: NAPLES, FL 34108

Title: VT (X) Change ( ) Addition
Name: WYANT, DONA M
Address: 6847 OLD BANYAN WAY
City-St-Zip: NAPLES, FL 34109

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: LETICIA M. FORKER P/S 07/06/2004

Electronic Signature of Signing Officer or Director — Date