
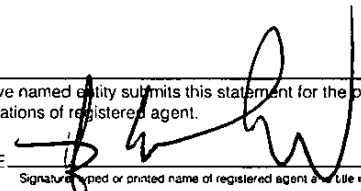
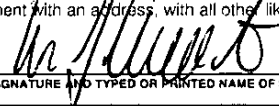


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90003 012 ***550.00

DOCUMENT # P01000008064 1. Entity Name ANTI-AGING ACADEMY, INC.					
Principal Place of Business 480 6TH ST S NAPLES, FL 34102			Mailing Address 480 6TH ST S NAPLES, FL 34102		
2. Principal Place of Business 476 W. Palm Circle		3. Mailing Address XGualario, Licht, Andrews & Galati, P.A.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 7400 Tamiami Trail N., #101			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 42-1534621	
Zip 34102		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TODD, GUDRUN 480 6TH ST S NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Anthony J. Gualario, CPA Street Address (P.O. Box Number is Not Acceptable) Gualario, Licht, Andrews & Galati, P.A. 7400 Tamiami Trail N., Suite 101 City Naples FL Zip Code 34108			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Anthony J. Gualario, CPA 5/11/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SCHWANBECK, KLAUS 480 6TH ST S NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Schwanbeck, Klaus 7400 Tamiami Trail N., #101 Naples, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SCHWANBECK, SABINE 480 6TH ST S NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT Schwanbeck, Sabine 7400 Tamiami Trail N., #101 Naples, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Klaus Schwanbeck, President 5/11/05 (239)262-4513 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			