2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008064

Entity Name: ANTI-AGING ACADEMY, INC.

FILED Apr 19, 2007 Secretary of State

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

476 W PALM CIRCLE NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

ZGUALARIO, LICHT, ANDREWS & GALATI, P.A. 476 PALM CIRCLE WEST 7400 TAMIAMI TRAIL N, #101 NAPLES, FL 34102

NAPLES, FL 34108

FEI Number: 42-1534621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GUALARIO, ANTHONY J SCHWANBECK, SABINE ALARIO, LICHT, ANDREWS & GALATI, P.A. 476 PALM CIRCLE WEST 7400 TAMIAMI TRAIL N, SUITE 101 NAPLES, FL 34102 US NAPLES, FL 34108 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: SABINE SCHWANBECK 04/19/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SCHWANBECK, KLAUS SCHWANBECK, KLAUS Name: Name: 7400 N TAMIAMI TRAIL, #101 476 PALM CIRCLE WEST Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34102

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

 Name:
 SCHWANBECK, SABINE
 Name:
 SCHWANBECK, SABINE

 Address:
 7400 N TAMIAMI TRAIL, #101
 Address:
 476 PALM CIRCLE WEST

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:
 NAPLES, FL 34102

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: SABINE SCHWANBECK DVPT 04/19/2007