2004 FOR PROFIT CORPORATION

FILED Mar 29, 2004 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P01000076846** ARTISTIC SKIN SYSTEMS, INC. Principal Place of Business Mailing Address 1531 ALOMA AVE. 1531 ALOMA AVE. WINTER PARK, FL 32789 WINTER PARK, FL 32789 02042004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3703662 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTERS, CHAD A ESQ. DO NOT WRITE 174 W COMSTOCK AVE STE 207 WINTER PARK, FL 32789 IN THIS SPACE 3. 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 1/000000098524 Trust Fund Contribution. Added to Fees ù3/29/04-80043-023 150.00 OFFICERS AND DIRECTORS 10. MLE MAME RYAN-TOELKE, LINDA STREET ADDRESS 1531 ALOMA AVE CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET AUDRESS CHY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP सरा ह IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CTTY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify 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 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, withhalf other like empowered.

SIGNATURE:)

STREET ADDRESS CTTY-ST-ZIP