## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P01000076846** 02-16-2006 90055 019 \*\*\*150.00 ARTISTIC SKIN SYSTEMS, INC. Principal Place of Business Mailing Address 1531 ALOMA AVE. 1531 ALOMA AVE. WINTER PARK, FL 32789 WINTER PARK, FL. 32789 Mailing Address 1537 Flurentino Lane Place of Business Suite, Apt. # etc. Suite, Apt. #, etc 02132006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For winter 04-3703662 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTERS, CHAD A ESQ. Street Address (P.O. Box Number is Not Acceptable) 174 W COMSTOCK AVE STE 207 . . . . . . WINTER PARK, FL 32789 City Zip Code his 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition RYAN-TOELKE, LINDA NAME NAME STREET ADDRESS 1531 ALOMA AVE STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZP CITY-ST-7IP TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP rowith this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information poor 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 employered to execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied changed, or on an attach SIGNATURE:

FILED

Feb 16, 2006 8:00 am