2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# P01000095746

Entity Name: AMAZING FACE SKIN CARE, INC.

Current Principal Place of Business:

AMAZING FACE SLAIN CARE INC
12995 S CLEVELAND AVE
FORT MYERS, FL 33907

New Principal Place of Business:

AMAZING FACE SKIN CARE INC
12995 S CLEVELAND AVE
FORT MYERS, FL 33907 US

Current Mailing Address:

AMAZING FACE SLAIN CARE INC
12995 S CLEVELAND AVE
FORT MYERS, FL 33907

New Mailing Address:

AMAZING FACE SKIN CARE INC
12995 S CLEVELAND AVE
FORT MYERS, FL 33907 US

FEI Number: 65-1141674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMSKI, LAURA A
13649 BRYNWOOD LANE
FT MYERS, FL 33912

Name and Address of New Registered Agent:

ADAMSKI, LAURA A
13649 BRYNWOOD LANE
FT MYERS, FL 33912 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: LAURA A. ADAMSKI 04/22/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: ADAMSKI, ROBERT C
Address: 13649 BRYNWOOD LN
City-St-Zip: FORT MYERS, FL 33912

Title: P ( ) Delete
Name: ADAMSKI, LAURA A
Address: 13649 BRYNWOOD LN
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LAURA A. ADAMSKI P 04/22/2004
Electronic Signature of Signing Officer or Director Date