

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003203

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: SKIN HOLISTIC, INC.

## Current Principal Place of Business:

2753 STATE ROAD 580 - SUITE 102  
SAFETY HARBOR, FL 34695

## New Principal Place of Business:

2753 STATE ROAD 580 - SUITE 102  
SAFETY HARBOR, FL 33761 US

## Current Mailing Address:

C/O DAVID BEAUDRIE  
12820 KILLARNEY CT.  
ODESSA, FL 33556

## New Mailing Address:

C/O DAVID BEAUDRIE  
12820 KILLARNEY CT.  
ODESSA, FL 33556 US

FEI Number: 02-0536127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BEAUDRIE, DAVID  
12820 KILLARNEY CT.  
ODESSA, FL 33556 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BEAUDRIE, DAVID  
Address: 12820 KILLARNEY CT.  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: BEAUDRIE, DAVID  
Address: 2753 STATE RD. 580, SUITE 208  
City-St-Zip: CLEARWATER, FL 34621

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BEAUDRIE, DAVID  
Address: 12820 KILLARNEY CT.  
City-St-Zip: ODESSA, FL 33556 US

Title: D (X) Change ( ) Addition  
Name: BEAUDRIE, DAVID  
Address: 2753 STATE RD. 580, SUITE 208  
City-St-Zip: CLEARWATER, FL 33761 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID BEAUDRIE

D

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date