

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067621

Entity Name: DERMALCARE, INC.

FILED  
Apr 18, 2006  
Secretary of State

**Current Principal Place of Business:**

1460 GLENWICK DR  
WINTER MERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2931  
WINTER MERE, FL 347862931

**New Mailing Address:**

1460 GLENWICK DRIVE  
WINTER MERE, FL 34786

FEI Number: 81-0558957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGARWAL, ACHINT K  
1460 GLENWICK DR  
WINTER MERE, FL 34786 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: P ( ) Delete  
Name: AGARWAL, NAYANTARA  
Address: 1460 GLENWICK DR  
City-St-Zip: WINTER MERE, FL 34786

Title: V ( ) Delete  
Name: AGARWAL, ACHINT K  
Address: 1460 GLENWICK DR  
City-St-Zip: WINTER MERE, FL 34786

**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 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: ACHINT K AGARWAL

VP

04/18/2006

Electronic Signature of Signing Officer or Director

Date