2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P02000086256

Entity Name: PERMANENT MEDICAL COSMETICS, INC.

Current Principal Place of Business:

4189 FOREST HILL DRIVE
COOPER CITY, FL 33026

New Principal Place of Business:

4115 WIMBLEDON DRIVE
COOPER CITY, FL 33026

Current Mailing Address:

4189 FOREST HILL DRIVE
COOPER CITY, FL 33026

New Mailing Address:

4115 WIMBLEDON DRIVE
COOPER CITY, FL 33026

FEI Number: 42-1547366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, CHRISTOPHER H
4189 FOREST HILL DRIVE
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

GREEN, CHRISTOPHER H
4115 WIMBLEDON DRIVE
COOPER CITY, FL 33026 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: 04/25/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GREEN, DENISE M
Address: 4189 FOREST HILL DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: D ( ) Delete
Name: GREEN, CHRISTOPHER H
Address: 4189 FOREST HILL DRIVE
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GREEN, DENISE M
Address: 4115 WIMBLEDON DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: D (X) Change ( ) Addition
Name: GREEN, CHRISTOPHER H
Address: 4115 WIMBLEDON DRIVE
City-St-Zip: COOPER CITY, FL 33026

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: CHRISTOPHER H GREEN D 04/25/2005
Electronic Signature of Signing Officer or Director — Date