


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 021 ***150.00

DOCUMENT # P03000024749	
1. Entity Name BODY & SKIN CLINIC INCORPORATED	

Principal Place of Business 2440 GULF GATE DR SARASOTA, FL 34231	Mailing Address 2440 GULF GATE DR SARASOTA, FL 34231
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40079156

2. Principal Place of Business - No P.O. Box # 7648 Lockwood Ridge Rd	3. Mailing Address 7648 Lockwood Ridge Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04072007 Chg-P CR2E034 (12/06)

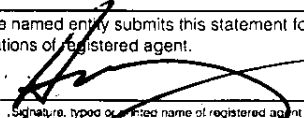
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34243	Zip 34243
Country	Country

4. FEI Number 01-0770995	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ORCUTT, LEHSA 2440 GULF GATE DR SARASOTA, FL 34231	
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7. Name and Address of New Registered Agent Name WOMELDORPH, HOWARD Street Address (P.O. Box Number is Not Acceptable) 7648 Lockwood Ridge Rd City SARASOTA FL Zip Code 34243	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/9/2007

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D BIGDEN, DAVID 2440 GULF GATE DR SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D ORCUTT, LEHSA 2440 GULF GATE DR SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
UP BIGDEN, DAVID 6623 TIERRA PRIETA AVE NW ALBUQUERQUE, NM 87120	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
UP ORCUTT, LEHSA 6623 TIERRA PRIETA AVE NW ALBUQUERQUE, NM 87120	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Lehsa Orcutt- LEHSA ORCUTT-	DATE: 4-16-07 DAYTIME PHONE: 505-872-2900