

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061512

Entity Name: HECKERDERM.COM, INC.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

3500 NE 5 AVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3500 NE 5 AVE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-0086935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HECKER, M.D., MELAINE S.
3500 NE 5 AVE.
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

HECKER, MELANIE S MD
3500 NE 5 AVE.
POMPANO BEACH, FL 33064 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: MELANIE S HECKER MD

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HECKER, M.D., MELAINE S.
Address: 3500 NE 5TH AVE/
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HECKER, MELANIE S MD
Address: 3500 NE 5TH AVE/
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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: MELANIE S HECKER MD

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date