



FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90082 009 ***150.00

DOCUMENT # P03000118689				Secretary of State	
1. Entity Name LINDA LEE SKIN CARE CORP.				05-09-2006 90082 009 ***150.00	
Principal Place of Business JOANN STEARNS HAIR 11985 US 1 STE. 111 NORTH PALM BEACH, FL 33408		Mailing Address 1100 DEL LAGO CIR. APT #102 PALM BEACH GARDENS, FL 33410			
2. Principal Place of Business		3. Mailing Address 11985 US 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 111		05042006 Chg-P CR2E034 (11/05)	
City & State		City & State Juno, Fla.		4. FEI Number 86-1085118	
Zip		Zip 33408		Country Palm Beach	
Country				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYKES, LINDA L 1003 SILVERLEAF OAK COURT PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DYKES, LINDA LEE 1100 DEL LAGO CIR. APT #102 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5-4-06 561-722-5360 Date Daytime Phone #		