


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90045 016 \*\*\*150.00

<b>DOCUMENT # P04000026537</b>	
1. Entity Name <b>SEXUAL HEALTH SCIENCES, INC.</b>	

Principal Place of Business <b>4197 BRIARCLIFF CIRCLE BOCA RATON, FL 33496 US</b>	Mailing Address <b>P.O. BOX 811174 BOCA RATON, FL 33481 US</b>
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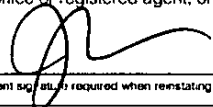
2. Principal Place of Business --Suite, Apt. #, etc.--	3. Mailing Address <b>4197 Briarcliff Circle</b> --Suite, Apt. #, etc.--
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City & State <b>Boca Raton, Florida</b>	4. FEI Number <b>20-0704614</b>
Zip <b>33496</b>	Country <b>U.S.A.</b>

  
03142005 Chg-P- CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>WERTHEIMER, JOYCE 4197 BRIARCLIFF CIRCLE BOCA RATON, FL 33496</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

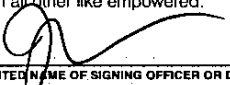
SIGNATURE  DATE **03/10/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WERTHEIMER, JOYCE</b>		NAME <b>WERTHEIMER, JOYCE</b>	
STREET ADDRESS <b>4197 BRIARCLIFF CIRCLE</b>		STREET ADDRESS <b>4197 BRIARCLIFF CIRCLE</b>	
CITY-ST-ZIP <b>BOCA RATON, FL 33496</b>		CITY-ST-ZIP <b>BOCA RATON, FL 33496</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WERTHEIMER, ADAM S</b>		NAME <b>WERTHEIMER, ADAM S</b>	
STREET ADDRESS <b>4197 BRIARCLIFF CIRCLE</b>		STREET ADDRESS <b>4197 BRIARCLIFF CIRCLE</b>	
CITY-ST-ZIP <b>BOCA RATON, FL 33496</b>		CITY-ST-ZIP <b>BOCA RATON, FL 33496</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WERTHEIMER, MITCHELL S</b>		NAME <b>WERTHEIMER, MITCHELL S</b>	
STREET ADDRESS <b>4197 BRIARCLIFF CIRCLE</b>		STREET ADDRESS <b>4197 BRIARCLIFF CIRCLE</b>	
CITY-ST-ZIP <b>BOCA RATON, FL 33496</b>		CITY-ST-ZIP <b>BOCA RATON, FL 33496</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE **03/10/05** DAYTIME PHONE # **561-988-0074**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR