
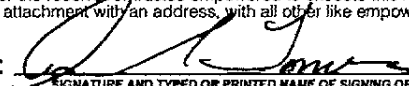


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000071512		
1. Entry Name SKIN & NAIL CARE CLINIC, INC.		
Principal Place of Business ANGEL TOMES 8707 S. INDIAN RIVER DRIVE FORT PIERCE, FL 34982		Mailing Address ANGEL TOMES 8707 S. INDIAN RIVER DRIVE FORT PIERCE, FL 34982
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TOMES, ANGEL 8707 S. INDIAN RIVER DRIVE FORT PIERCE, FL 34982		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	TOMES, ANGEL	
STREET ADDRESS	8707 S. INDIAN RIVER DR.	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	V	
NAME	TOMES, DEBRA	
STREET ADDRESS	8707 S. INDIAN RIVER DR.	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		ANGEL TOMES 04/25-06 772-530-2597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1071704	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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U00000552231
05/15/06-80003-006 150.00

**DO NOT WRITE
IN THIS SPACE**