2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# P04000099604

Entity Name: NEW AGE DERMATOLOGY, INC.

Current Principal Place of Business:

POST OFFICE BOX 541524
LAKE WORTH, FL 33454

New Principal Place of Business:

1411 N. FLAGLER DRIVE
7300
WEST PALM BEACH, FL 33401

Current Mailing Address:

POST OFFICE BOX 541524
LAKE WORTH, FL 33454

New Mailing Address:

POST OFFICE BOX 541718
LAKE WORTH, FL 33454

FEI Number: 20-1334486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMAR, SUPRIYA MD
8263 PINE CAY RD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TOMAR, SUPRIYA MD
Address: 8263 PINE CAY RD
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SURPRIYA TOMAR MD 07/06/2007

Electronic Signature of Signing Officer or Director Date