2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116415

Entity Name: SKIN'S IN. INC.

City-St-Zip:

GAINESVILLE, FL 32653

FILED Sep 07, 2005 Secretary of State

| Littly Nai | ille. OKINO IN | i, iivo. | | | |
|---|---|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| | NIVERSITY AV LLE, FL 32601 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | NIVERSITY AV LLE, FL 32601 | | | | |
| FEI Number: | : 20-1375601 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| THOMPSON, MARIANNE 5816 NW 26 TERR GAINESVILLE, FL 32653 US | | | 4000 NW 51 ST G128 | THOMPSON, MARIANNE 4000 NW 51 ST G128 GAINESVILLE, FL 32606 US | |
| | named entity see of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | 09/07/2005 | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (X) STILLWELL, D PO BOX 35727 GAINESVILLE, | 3 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () HENDERSON, 615 NW 15TH S GAINESVILLE, | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | D () THOMPSON, M 5816 NW 26TH | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: MARIANNE THOMPSON PRES 09/07/2005