2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000138428

27229 GALLEON DRIVE

BONITA SPRINGS, FL 34135

Address:

City-St-Zip:

Entity Name: SKIN GOALS INC.

FILED Nov 21, 2005 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
25251 S. TAMIAMI TRAIL				25199 CHAMBER OF COMMERCE DRIVE	
UNIT 15 BONITA SPRINGS, FL 34134			UNIT 15 BONITA SPRINGS	UNIT 15 BONITA SPRINGS, FL 34134	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
25251 S. TAMIAMI TRAIL				25199 CHAMBER OF COMMERCE DRIVE	
UNIT 15 BONITA SPRINGS, FL 34134			UNIT 15 BONITA SPRINGS, FL 34134		
FEI Number	: 46-8013350 FEI Nu	mber Applied For()	FEI Number Not Applicable (Certificate of Status Desired ()	
Name and	I Address of Current I	Registered Agent:	Name and Addres	ss of New Registered Agent:	
	HYLLIS J LLEON DRIVE PRINGS, FL 34135	US			
	named entity submits t e of Florida.	this statement for the p	purpose of changing its regist	ered office or registered agent, or both,	
SIGNATUI	RE: PHYLLIS FIROZ				
	Electronic Signa	ture of Registered Ag	ent	Date	
	ce with s. 607.193(2)(b), F. mpaign Financing Trust Fu		ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () Delete FIROZ, PHYLLIS J 27229 GALLEON DRIVE BONITA SPRINGS, FL 34	1135	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VP () Delete FIROZ, PERRY S 27229 GALLEON DRIVE BONITA SPRINGS, FL 34	4 135	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TR () Delete FIROZ, PHYLLIS J 27229 GALLEON DRIVE BONITA SPRINGS, FL 34	4 135	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SEC () Delete FIROZ, PHYLLIS J		Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: PHYLLIS FIROZ PRES 11/21/2005