

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148346

FILED
Feb 24, 2005
Secretary of State

Entity Name: DERMASCREEN CENTERS OF NAPLES, INC.

Current Principal Place of Business:

8891 BRIGHTON LANE, SUITE 105
BONITA SPRINGS, FL 34135

New Principal Place of Business:

870 111TH AVENUE NORTH
SUITE 3
NAPLES, FL 34108

Current Mailing Address:

8891 BRIGHTON LANE, SUITE 105
BONITA SPRINGS, FL 34135

New Mailing Address:

870 111TH AVENUE NORTH
SUITE 3
NAPLES, FL 34108

FEI Number: 11-3731700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKENPACK, THIES
8891 BRIGHTON LANE, SUITE 105
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

PICKENPACK, THIES
6947 VERDE WAY
NAPLES, FL 34108 US

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:

02/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: CORNWELL, STEVEN W
Address: 6060 ANDROS WAY
City-St-Zip: NAPLES, FL 34119 US

Title: VP/T () Change (X) Addition
Name: PICKENPACK, THIES
Address: 6947 VERDE WAY
City-St-Zip: NAPLES, FL 34108 US

Title: VP/S () Change (X) Addition
Name: GREGOIRE, KENT J
Address: 6064 ANDROS WAY
City-St-Zip: NAPLES, FL 34119 US

Title: D () Change (X) Addition
Name: PICKENPACK, CORNELIA
Address: 6947 VERDE WAY
City-St-Zip: NAPLES, FL 34108

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.

SIGNATURE: STEVEN W. CORNWELL

P

02/24/2005

Electronic Signature of Signing Officer or Director

Date