

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009087

Entity Name: SKIN CARE BY LISA, INC.

FILED
May 30, 2006
Secretary of State

Current Principal Place of Business:

5200 TAMIAMI TRAIL NORTH
STE. 102
NAPLES, FL 34103

New Principal Place of Business:

2140 47TH AVE NE
NAPLES, FL 34120

Current Mailing Address:

5200 TAMIAMI TRAIL NORTH
STE. 102
NAPLES, FL 34103

New Mailing Address:

2140 47TH AVE NE
NAPLES, FL 34120

FEI Number: 20-2179072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, JEFFREY R
868 106TH AVENUE NORTH
NAPLES, FL 34108 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: STUTZ, LISA
Address: 5200 TAMIAMI TRAIL NORTH STE. 102
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: STUTZ, LISA
Address: 5200 TAMIAMI TRAIL NORTH STE. 102
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: STUTZ, LISA
Address: 2140 47TH AV NE
City-St-Zip: NAPLES, FL 34120

Title: T (X) Change () Addition
Name: STUTZ, LISA
Address: 2140 47TH AVE NE
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA STUTZ

DPS

05/30/2006

Electronic Signature of Signing Officer or Director

Date