2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/7/2007-90053-033.$150.00.$150.00

FILED

2007 JUL -2 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000013461

1. Entity Name
SKIN APPEAL, INC.

Principal Place of Business	Mailing Address
~~4946 GARDINERS BAY CIR~~ ~~SARASOTA, FL 34238~~	~~4946 GARDINERS BAY CIR~~ See below ~~SARASOTA, FL 34238~~ CHANGE OF ADDRESS

04242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2869 Grazeland Dr.	2869 Grazeland Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL 34240	City & State: Sarasota FL 34240
Zip / Country	Zip / Country

4. FEI Number: 20-2225841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PREWETT, DANIEL L~~ DARASY GIARRANO ~~5777 BENEVA RD SOUTH~~ ~~SARASOTA, FL 34233~~ 2869 GRAZELAND DR. SARASOTA, FL 34240	Name: DARASY GIARRANO Street Address (P.O. Box Number is Not Acceptable): 2869 GRAZELAND DR. City: SARASOTA FL Zip Code: 34240

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Darasy Giarrano 6/20/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIARRANO, DARASY ~~4946 GARDINERS BAY CIR~~ New Address ~~SARASOTA, FL 34238~~ (CHANGE OF ADDRESS)	☒ Delete	GIARRANO, DARASY 2869 Grazeland Dr Sarasota, FL 34240	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does *not qualify for the exemptions* contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darasy Giarrano 4/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1P AW