

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146788

Entity Name: CLINI-DERME ESTHETICS, INC.

FILED
Apr 08, 2007
Secretary of State

Current Principal Place of Business:

6015 HWY 40 WEST
YANKEETOWN, FL 34498

New Principal Place of Business:

Current Mailing Address:

6115 RIVERSIDE DRIVE
YANKEETOWN, FL 34498

New Mailing Address:

FEI Number: 22-3917784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LEFILES, LYNNE P MS.
6115 RIVERSIDE DRIVE
YANKEETOWN, FL 34498 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: LYNNE PAGANELLI LEFILES

04/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: PAGANELLI-LEFILES, LYNNE
Address: 6015 HWY 40 WEST
City-St-Zip: YANKEETOWN, FL 34498

Title: DVS () Delete
Name: LEFILES, RICHARD A
Address: 6015 HWY 40 WEST
City-St-Zip: YANKEETOWN, FL 34498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LEFILES, LYNNE P MS.
Address: 6115 RIVERSIDE DRIVE
City-St-Zip: YANKEETOWN, FL 34498

Title: DVS (X) Change () Addition
Name: LEFILES, RICHARD A
Address: 6115 RIVERSIDE DRIVE
City-St-Zip: YANKEETOWN, FL 34498

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: LYNNE PAGANELLI LEFILES

DPT

04/08/2007

Electronic Signature of Signing Officer or Director

Date