2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013969

Entity Name: GLOW SKIN CARE, INC

City-St-Zip:

PUNTA GORDA, FL 33982 US

FILED Apr 06, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
8961 DANIELS PARKWAY BUILDING #400 UNIT #403	8961 DANIELS CENTER DR. SUITE #403
FORT MYERS, FL 33912 US	FORT MYERS, FL 33912 US
Current Mailing Address:	New Mailing Address:
41271 HORSESHOE RD PUNTA GORDA, FL 33982 US	8961 DANIELS CENTER DR. SUITE #403 FORT MYERS, FL 33912 US
FEI Number: 27-0137136 FEI Number Applied For () FEI Nu	umber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
JULIAN, CAUCEGLIA 6385 PRESIDENTIAL CT #201 FORT MYERS, FL 33919 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:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: IVETTE, CAUCEGLIA Address: 41271 HORSESHOE RD	Title: () Change () Addition Name: Address:

City-St-Zip:

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: IVETTE CAUCEGLIA P 04/06/2007