
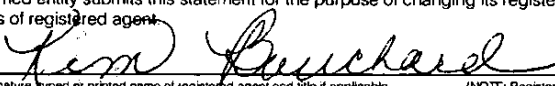
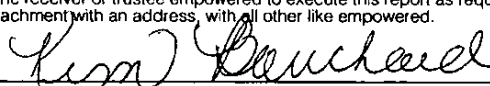


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90068 003 \*\*\*150.00

<b>DOCUMENT # P06000037645</b> 1. Entity Name <b>SIMEON'S ADVANCED SKINCARE INC.</b>					
Principal Place of Business <b>956 SQUIRE JOHNS LN PALM CITY, FL 34990-7830</b>			Mailing Address <b>956 SQUIRE JOHNS LN PALM CITY, FL 34990-7830</b>		
2. Principal Place of Business - No P.O. Box # <b>620 N.E. 3rd St</b>		3. Mailing Address <b>620 NE 3rd St.</b>			
Suite, Apt. #, etc. <b>Upper Level</b>		Suite, Apt. #, etc. <b>Upper Level</b>			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>			
Zip <b>33301</b>		Country <b>USA</b>		Zip <b>33301</b>	
Country <b>USA</b>		4. FEI Number <b>204521786</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOUCHARD, KIM 956 SQUIRE JOHNS LN PALM CITY, FL 34990-7830</b>			7. Name and Address of New Registered Agent Name: <b>Bouchard, Kim</b> Street Address (P.O. Box Number is Not Acceptable) <b>1819 SE 17th Street</b> <b>Apt 808</b> City: <b>Fort Lauderdale FL</b> Zip Code: <b>33316</b>		
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <b>4/25/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOUCHARD, KIM 956 SQUIRE JOHNS LN PALM CITY, FL 349907830		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4/25/07</b> Daytime Phone #: <b>954 779-1174</b>		