
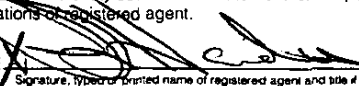
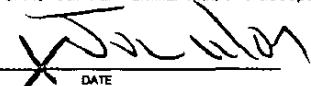
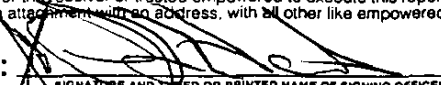
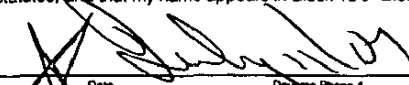


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90039 002 \*\*\*150.00

DOCUMENT # P06000054607			
1. Entity Name SKIN TONE GRAPHICS, INC.			
Principal Place of Business 1980 BROADCAST PLAZA MERRICK, NY 11566 US		Mailing Address 1980 BROADCAST PLAZA MERRICK, NY 11566 US	
2. Principal Place of Business - No P.O. Box # 6545 NOVA DRIVE Suite, Apt. #, etc. STE 203 City & State DAVIE, FL Zip 33317 Country USA		3. Mailing Address 6545 NOVA DRIVE Suite, Apt. #, etc. STE 203 City & State DAVIE, FL Zip 33317 Country USA	
07052007		Chg-P	CR2E034 (12/06)
4. FEI Number 20-4721374		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANDIS, GARY 7798 LA MIRADA DRIVE BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name PENN, LINDA JESSICA Street Address (P.O. Box Number is Not Acceptable) 7798 LA MIRADA DRIVE City BOCA RATON FL Zip Code 33433	
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: 		DATE: 	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANDIS, GARY 7798 LA MIRADA DRIVE BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LINDA JESSICA PENN 7798 LA MIRADA DRIVE BOCA RATON, FL 33433 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BENDER, ROBERT 3750 SUNRISE LAKE MILFORD, PA 18337 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DONNA GIACO 2178 LONESOME AVENUE MERRICK, NY 11566 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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"/> 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"/> 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"/> Delete	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: 		DATE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	