


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90023 002 ***150.00

DOCUMENT # P06000062474					
1. Entity Name SKIN GAMES, INC.					
Principal Place of Business 411 NE 21ST AVENUE CAPE CORAL, FL 33909			Mailing Address 411 NE 21ST AVENUE CAPE CORAL, FL 33909		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number 20-4810845				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALSH, ANGELA 411 NE 21ST AVENUE CAPE CORAL, FL 33909			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent's signature required when reconstituting)					
DATE _____					
FILE After May 15		FEE IS \$150.00 7 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
	STREET ADDRESS			STREET ADDRESS	
	CITY - ST - ZIP			CITY - ST - ZIP	
	CITY - ST - ZIP			CITY - ST - ZIP	
	CITY - ST - ZIP			CITY - ST - ZIP	
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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: <i>Angela Walsh</i>			Date: <i>4/29/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Days: Phone # <i>941-592-5167</i>		
<i>Angela Walsh</i>					

ATTACHMENT

May 7, 2007

To whom it may concern,

40110099
#P06000062474

I mailed this payment out to you by the due date and mistakenly put in what I thought was the envelope provided to me by my accountant. I received it back in the mail today since the envelope I mailed it in went to the property appraisers office.

Please accept my apologies and let me know if there is anything else needed from me.

Thank you,



Angela Walsh
Skin Games Inc.
411 NE 21st Ave.
Cape Coral, FL 33909
941-592-5167
angiewalsh@aol.com