

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005911

FILED
Apr 30, 2008
Secretary of State

Entity Name: HYDRATION STATION SKINCARE INC.

Current Principal Place of Business:

80 S INDIAN ROCK RD
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

7261 US HWY 19 N
PINELLAS PARK, FL 33781

Current Mailing Address:

80 S INDIAN ROCK RD
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

7261 US HWY 19 N
PINELLAS PARK, FL 33781

FEI Number: 20-8262665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUCH, THERESA
6549 48TH AVE NORTH
ST PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

COUCH, THERESA E
6549 48TH AVE NORTH
ST PETERSBURG, FL 33709 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: THERESA E. COUCH

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: COUCH, THERESA
Address: 80 S INDIAN ROCK RD
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D () Delete
Name: COUCH, THERESA
Address: 80 S INDIAN ROCK RD
City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: COUCH, THERESA E
Address: 7261 US HWY 19 N
City-St-Zip: PINELLAS PARK, FL 33781

Title: D (X) Change () Addition
Name: COUCH, THERESA
Address: 7261 US HWY 19 N
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify 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: THERESA E. COUCH

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date