

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046832

FILED  
Sep 02, 2008  
Secretary of State

Entity Name: SKINSATIONAL ENTERPRISES, INC.

## Current Principal Place of Business:

584 PALM SPRINGS DR  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

## Current Mailing Address:

584 PALM SPRINGS DR  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

FEI Number: 20-8943153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, NANCY D  
401 GLEN ABBEY LANE  
DEBARY, FL 32713 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SIMMONS, NANCY D  
Address: 401 GLEN ABBEY LANE  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: ROBINSON, LATASHA  
Address: 1440 LA CASITA ST  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: SIMMONS, CARROLL  
Address: 160 GENN LAKE DR  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NANCY D. SIMMONS

D

09/02/2008

Electronic Signature of Signing Officer or Director

Date