2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# P08000029347

Entity Name: NEXGEN DERMATOLOGICS, INC.

Current Principal Place of Business:

545 NE 19TH AVE.
DEERFIELD BCH, FL 33441

New Principal Place of Business:

Current Mailing Address:

545 NE 19TH AVE.
DEERFIELD BCH, FL 33441

New Mailing Address:

FEI Number: 26-2254012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERLIN, H. GARY
545 NE 19TH AVE.
DEERFIELD BCH, FL 33441 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

OFFICERS AND DIRECTORS:

Title: PD
Name: BERLIN, H GARY
Address: 545 NE 19TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SD
Name: BERLIN, H. GARY
Address: 545 NE 19TH AVE.
City-St-Zip: DEERFIELD BCH, FL 33441

Title: TD
Name: BERLIN, ROSE
Address: 545 NE 19TH AVE.
City-St-Zip: DEERFIELD BCH, FL 33441

I hereby 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 all other like empowered.

SIGNATURE: H GARY BERLIN S 02/15/2011

Electronic Signature of Signing Officer or Director Date