

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000010133
 1. Entity Name
 ELITE ACADEMY OF SKIN CARE, INC.



Principal Place of Business Mailing Address
 1559 MAIN STREET 1559 MAIN STREET
 DUNEDIN, FL 34698 US DUNEDIN, FL 34698 US



04102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3232381 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MONAGHAN, JUDIANN V
 1559 MAIN STREET
 DUNEDIN, FL 34698

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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 signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MONAGHAN, JUDIANN V
STREET ADDRESS	1559 MAIN STREET
CITY - ST - ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	ATZEN, CATHERINE
STREET ADDRESS	32525 OAK FLAT ROAD
CITY - ST - ZIP	LOS GATOS, CA 95033
TITLE	D
NAME	MONAGHAN, ROBERT
STREET ADDRESS	1559 MAIN STREET
CITY - ST - ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/22/05-80018-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Robert Monaghan 4/19/05 727-734-3617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #