

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008496

FILED  
Sep 30, 2004  
Secretary of State

Entity Name: DR. DREW'S SKIN CARE, INC.

## Current Principal Place of Business:

8466 LOCKRIDGE #249  
SARASOTA, FL 34243

## New Principal Place of Business:

## Current Mailing Address:

8466 LOCKRIDGE #249  
SARASOTA, FL 34243

## New Mailing Address:

FEI Number: 65-0860761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, DREW  
8466 LOCKRIDGE #249  
SARASOTA, FL 34243 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: DP ( ) Delete  
Name: ANDERSON, DREW  
Address: 8466 LOCKRIDGE #249  
City-St-Zip: SARASOTA, FL 34243

Title: DST ( ) Delete  
Name: ANDERSON, THERESA  
Address: 8466 LOCKRIDGE #249  
City-St-Zip: SARASOTA, FL 34243

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: DREW ANDERSON

PRES

09/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date