2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069263

Entity Name: SKIN THERAPY BY DONNA, INC.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4085 TAMIAMI TRL., N., STE. B-105 NAPLES, FL 34103

Current Mailing Address: New Mailing Address:

4085 TAMIAMI TRL., N. 4085 TAMIAMI TRL., N., STE. B-105 SUITE B 105 NAPLES, FL 34103 NAPLES, FL 34103

FEI Number: 59-3462448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FILIPPO, PAUL S
2150 GOODLETTE RD., STE. 305
NAPLES, FL 34102 US
FORSYTHE, DONNA L
6060 LANCEWOOD WAY
NAPLES, FL 34116 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: DONNA FORSYTHE 03/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: FORSYTHE, DONNA FORSYTHE, DONNA Name: Name: 6060 14TH AVE., SW Address: 6060 LANCEWOOD WAY Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116

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: DONNA FORSYTHE PRES 03/27/2009

Electronic Signature of Signing Officer or Director

Date