


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90308 014 ***150.00

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| DOCUMENT # P97000087799 | |  |
| 1. Entity Name FOREVER YOUNG SKINCARE, INC. | | |

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| Principal Place of Business 2911 NE 53 COURT LIGHTHOUSE POINT, FL 33064 | Mailing Address 1412 NW 57 ST. FORT LAUDERDALE, FL 33334 |
|---|--|

34030387

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|--|---------------------|
| 2. Principal Place of Business 524 Piney Island Dr. | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



01202004 Chg-P CR2E034 (10/03)

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|---|--------------|-----------------------------|--------------------------------|
| City & State Fernandina Beach FL | City & State | 4. FEI Number 65-0789637 | Applied For Not Applicable |
| Zip 32034 | Country | Country | Country |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CANELLA, SHARON 2911 NE 53 COURT LIGHTHOUSE POINT, FL 33064 | | Name Sharon Canella Street Address (P.O. Box Number is Not Acceptable) 524 Piney Island Dr City Fernandina Beach FL Zip Code 32034 | |

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 Sharon Canella Sharon Canella President DATE 4/15/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST CANELLA, SHARON 2911 NE 53 COURT LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 524 Piney Island Dr. Fernandina Beach FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Sharon Canella Sharon Canella DATE 4/15/04 DAYTIME PHONE # 954-783-5630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR