

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90206 042 ***150.00

DOCUMENT # P97000087799 1. Entity Name FOREVER YOUNG SKINCARE, INC.					
Principal Place of Business 524 PINEY ISLAND DR. FERNANDINA BEACH, FL 32034			Mailing Address 1412 NW 57 ST. FORT LAUDERDALE, FL 33334		
2. Principal Place of Business Suits, Apt. #, etc.		3. Mailing Address 1412 NE 57 ST			
City & State		City & State Fort Lauderdale FL			
Zip	Country	Zip 33334	Country USA	4. FEI Number 65-0789637	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CANELLA, SHARON 524 PINEY ISLAND DR. FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 524 PINEY ISLAND DR. FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Sharon Canella Sharon Canella</u> 4/24/06 954-771-3757 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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