


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90311 024 ***150.00

DOCUMENT # P98000041588 1. Entity Name GENESIS DERMATOLOGY INC.																											
Principal Place of Business 1025 MILITARY TRAIL SUITE 113 JUPITER, FL 33458 US		Mailing Address 1025 MILITARY TRAIL SUITE 113 JUPITER, FL 33458 US																									
2. Principal Place of Business 600 HERITAGE DR SUITE 101 JUPITER FL		3. Mailing Address 600 HERITAGE DR SUITE 101 JUPITER FL																									
Suite, Apt. #, etc. 33458		Suite, Apt. #, etc. 33458																									
City & State 33458		City & State 33458																									
Country 33458		Country 33458																									
4. FEI Number 65-0842039		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FLANAGAN, SHAWNA 1025 MILITARY TRAIL SUITE 113 JUPITER, FL 33458		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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FLANAGAN, SHAWNA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1025 MILITARY TRAIL # 113</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33458</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	FLANAGAN, SHAWNA		STREET ADDRESS	1025 MILITARY TRAIL # 113		CITY-ST-ZIP	JUPITER, FL 33458		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>600 HERITAGE DR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>JUPITER, FL 33458</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	600 HERITAGE DR		STREET ADDRESS	JUPITER, FL 33458		CITY-ST-ZIP		
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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 officers.																											
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/18/05 (561) Daytime Phone # 748-2220																									