2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2011
Secretary of State

DOCUMENT# P98000045508

Entity Name: CLINICAL SKIN CARE LAB, INC.

Current Principal Place of Business:

196 VINING CT
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

196 VINING CT
ORMOND BEACH, FL 32176

New Mailing Address:

196 VINING CT
ORMOND BEACH, FL 32176

FEI Number: 59-3572366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B-1
PORT ORANGE, FL 32127 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

OFFICERS AND DIRECTORS:

Title: D
Name: GRAYSON, LYNN
Address: 196 VINING CT.
City-St-Zip: ORMOND BEACH, FL 32176

Title: D
Name: GRAYSON, GARY L
Address: 196 VINING CT.
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 all other like empowered.

SIGNATURE: GARY L. GRAYSON D 01/30/2011

Electronic Signature of Signing Officer or Director — Date