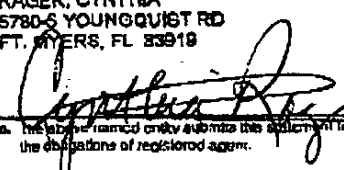
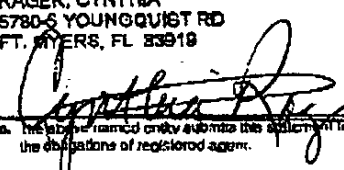
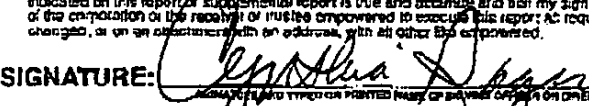


FILED
May 02, 2005 8:00 am
Secretary of State

04/27/2005 WED 14:40 F33

05-02-2005 90499 040 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000075414							
1. Entity Name INTEGRADERM, INC.							
Principal Place of Business 5780-S YOUNGQUIST RD FORT MYERS, FL 33912		Mailing Address 5780-S YOUNGQUIST RD FORT MYERS, FL 33912					
2. Principal Place of Business		3. Mailing Address					
Date, Apt. #, etc.		State, Apt. #, etc.					
City & State		City & State		4. FEI Number 68-0858181			
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RAGER, CYNTHIA 5780-S YOUNGQUIST RD FT. MYERS, FL 33919 				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The filer is named only submit 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 4/20/05							
FILE NOW!!! Fee is \$150.00 After May 1, 2005 Fee will be \$650.00				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee!			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
☐ Delete	RAGER, CYNTHIA	6274 QUAIL HOLLOW LN	FORT MYERS, FL 33912	☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption statute in Section 193.07(8)(b), 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 837, Revised Statutes; and that my name appears in Block 10 or Block 11 of this report, or on an objection with an address, with all other filers empowered.							
SIGNATURE:  Date							

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