

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041867

Entity Name: AESTHE-DERM, INC.

FILED
Jan 16, 2006
Secretary of State

Current Principal Place of Business:

96 TALL TREES COURT
SARASOTA, FL 34232

New Principal Place of Business:

1259 BENEVA ROAD, S
SARASOTA, FL 34232

Current Mailing Address:

P. O. BOX 2662
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-0925120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANSON, THOMAS E JR
P O BOX 2662
SARASOTA, FL 34230 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPSD () Delete
Name: DANSON, SOPHIA M
Address: 96 TALL TREES COURT
City-St-Zip: SARASOTA, FL 342321965

Title: D () Delete
Name: DANSON, THOMAS E JR
Address: 96 TALL TREES COURT
City-St-Zip: SARASOTA, FL 342321965

Title: PD () Delete
Name: DANSON, TIA K
Address: P O BOX 2662
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change () Addition
Name: DANSON, SOPHIA M
Address: 96 TALL TREES COURT
City-St-Zip: SARASOTA, FL 342321965

Title: VPDS (X) Change () Addition
Name: DANSON, THOMAS E JR
Address: 96 TALL TREES COURT
City-St-Zip: SARASOTA, FL 342321965

Title: D (X) Change () Addition
Name: DANSON, TIA K
Address: P O BOX 2662
City-St-Zip: SARASOTA, FL 34230

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS E DANSON, JR

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01/16/2006

Electronic Signature of Signing Officer or Director

Date