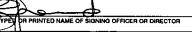
2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P99000055400 04-24-2006 90342 042 ***150.00 1. Entity Name SKY AESTHETICS, INC. Principal Place of Business Mailing Address 3929 PONCE DE LEON BLVD 3929 PONCE DE LEON BLVD CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0334278 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVINE, ALLEN M DO NOT WRITE 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LEGRAND, RODOLPHE NAME STREET ADDRESS 3929 PONCE DE LEON BLVD CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS COY-ST-7IP

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP



2/7/06

FILED