## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# P99000100038

Entity Name: ESSENTIAL SOLUTIONS SKINCARE, INC.

**FILED** May 11, 2005 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

444 W. NEW ENGLAND AVE., SUITE C 430 W NEW ENGLAND AVE WINTER PARK, FL 32789

#8

WINTER PARK, FL 32789

**Current Mailing Address: New Mailing Address:** 

444 W. NEW ENGLAND AVE., SUITE C 430 W. NEW ENGLAND AVE WINTER PARK, FL 32789

WINTER PARK, FL 32789

FEI Number: 59-3609598 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

#### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCANN, DEBBIE MCCANN, DEBBIE

444 W NÉW ENGLAND AVE 430 W NEW ENGLAND AVE

STEC WINTER PARK, FL 32789 US WINTER PARK, FL 32789 US

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: DEBBIE MCCANN 05/11/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete () Change () Addition

MCCANN, DEBBIE Name: Name: 430 W NEW ENGLAND AVE # 8 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Ρ SIGNATURE: DEBBIE MCCANN 05/11/2005