2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State
03-01-2006 90006 042 ***150.00

DOCUMENT # P05000030377

1. Entity Name
BEAST TO BEAUTY INC

400214...

Principal Place of Business	Mailing Address
3030 LAKE IDA ROAD DELRAY BEACH, FL 33445	3030 LAKE IDA ROAD DELRAY BEACH, FL 33445

01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 530 NE 47 ST # 206	Suite, Apt. #, etc. 530 NE 47 ST #206
City & State BOCA RATON	City & State BOCA RATON
Zip FL 33431 Country US	Zip FL 33431 Country USA.

4. FEI Number 20 2419072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIYA-MARTINS, MICHELLE 3030 LAKE ~~IDA~~ RD DEL~~RAY BE~~ACH, FL 33445 ADDRESS CHANGE ONLY	Name Street Address (P.O. Box Number is Not Acceptable) 530 NE 47 ST #206 City BOCA RATON FL Zip Code 33431.

8. 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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P MARTIYA-MARTINS, MICHELLE 3030 KAKE ~~IDA~~ ROAD DEL~~RAY B~~EACH, FL 33445 ADDRESS CHANGE ONLY ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	530 NE 47 ST # 206 BOCA RATON FL 33431. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby 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: [signature] 02/27/06 954-478-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #