## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000166538

Name:

Address: City-St-Zip: ANDREUCCI, CAROLYN D

1240 STONEHAVEN CT

LAKE MARY, FL 32746

Entity Name: JUST BE...NATURAL BODY CARE COMPANY, INC.

FILED Apr 01, 2008 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1236 VIA DEL MAR WINTER PARK, FL 32789			2208 VIA LUNA WINTER PARK, FL	2208 VIA LUNA WINTER PARK, FL 32789	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1236 VIA DEL MAR WINTER PARK, FL 32789			1236 VIA LUNA WINTER PARK, FL	1236 VIA LUNA WINTER PARK, FL 32789	
FEI Number:	: 20-4137005	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1236 VIA E WINTER F	PARK, FL 327		FROELICH, KRISTE 1236 VIA LUNA WINTER PARK, FL	32789 US	
	e of Florida.	submits this statement for the	purpose or changing its registe	red office or registered agent, or both,	
SIGNATURE:				04/01/2008	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ANDREUCCI,	EDR. NE APT.F2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P ( FROELICH, KI 1236 VIA DEL WINTER PARI	MAR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SEC (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KRISTEN J FROELICH P 04/01/2008