2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069589

Entity Name: SAINT FRANCIS BEAUTY SUPPLY, INC.

FILED Apr 30, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

117 13TH STREET 117 E 13TH STREET

UNIT #9 UNIT #9

SAINT CLOUD, FL 34769 US SAINT CLOUD, FL 34769 US

Current Mailing Address: New Mailing Address:

117 13TH STREET 117 E 13TH STREET

UNIT #9 UNIT #9

SAINT CLOUD, FL 34769 US SAINT CLOUD, FL 34769 US

FEI Number: 20-5173979 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:

MENENDEZ, ALAIN

101 13TH STREET

UNIT #9

MENENDEZ, LAZARO

117 E 13TH STREET

UNIT #9

UNIT #9

SAINT CLOUD, FL 34772 US SAINT CLOUD, FL 34769 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: LAZARO MENENDEZ 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MENENDEZ, ALAIN
 Name:
 MENENDEZ, LAZARO

 Address:
 3465 KAISER AVE
 Address:
 117 E 13TH STREET, UNIT#9

 City-St-Zip:
 SAINT CLOUD, FL 34772
 City-St-Zip:
 SAINT CLOUD, FL 34769

Name: VENTO, IVONE Name: VENTO, IVONE

 Address:
 3465 KAISER AVE
 Address:
 117 E 13TH STREET, UNIT#9

 City-St-Zip:
 SAINT CLOUD, FL 34772
 City-St-Zip:
 SAINT CLOUD, FL 34769

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.

SIGNATURE: LAZARO MENENDEZ P 04/30/2007