

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152020

Entity Name: BACKYARD BEAUTY, INC.

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

1027 SW 4 ST - # 3  
FT LAUDERDALE, FL 33312

## New Principal Place of Business:

1158 S BISCAYNE PT RD  
MIAMI BEACH, FL 33141

## Current Mailing Address:

1027 SW 4 ST - # 3  
FT LAUDERDALE, FL 33312

## New Mailing Address:

1158 S BISCAYNE PT RD  
MIAMI BEACH, FL 33141

FEI Number: 84-1722704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REESE, LAUREN  
1027 SW 4 ST - #3  
FT LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

ADAMS, FALENA E VP  
1158 S BISCAYNE PT RD  
MIAMI BEACH, FL 33141 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: FALENA ADAMS

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REESE, LAUREN  
Address: 1027 SW 4 ST - #3  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VP ( ) Delete  
Name: ADAMS, FALENA  
Address: 1027 SW 4 ST - # 3  
City-St-Zip: FT LAUDERDALE, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: REESE, LAUREN  
Address: 1158 S BISCAYNE PT RD  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP (X) Change ( ) Addition  
Name: ADAMS, FALENA  
Address: 1158 S BISCAYNE PT RD  
City-St-Zip: MIAMI BEACH, FL 33141

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: LAUREN REESE

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date