


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90013 037 ***150.00

DOCUMENT # P00000036287	
1. Entity Name BETH'S BOUTIQUE & APPAREL, INC.	

Principal Place of Business 2900 WEST SAMPLE ROAD POMPANO BEACH FL 33073	Mailing Address 2900 WEST SAMPLE ROAD POMPANO BEACH FL 33073
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent	
PARELLO, NANCY 1401 S OCEAN BLVD 308 POMPANO BEACH FL 33062	

7. Name and Address of New Registered Agent	
Name <u>BETH A. MAC ARTHUR</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1401 SO. OCEAN BLVD. # 906</u>	
City <u>POMPANO BEACH</u>	FL <u>33062</u>

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 <u>[Signature]</u>	DATE <u>MAY 11, 2007</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <u>P</u> NAME <u>MACARTHUR, BETH A</u> STREET ADDRESS <u>2900 WEST SAMPLE ROAD</u> CITY- ST- ZIP <u>POMPANO BEACH FL 33073</u>	<input checked="" type="checkbox"/> Delete
TITLE <u>SD</u> NAME <u>PARELLO, NANCY</u> STREET ADDRESS <u>2900 WEST SAMPLE ROAD</u> CITY- ST- ZIP <u>POMPANO BEACH FL 33073</u>	<input checked="" type="checkbox"/> Delete
TITLE <u>-</u> NAME <u>-</u> STREET ADDRESS <u>-</u> CITY- ST- ZIP <u>-</u>	<input type="checkbox"/> Delete
TITLE <u>-</u> NAME <u>-</u> STREET ADDRESS <u>-</u> CITY- ST- ZIP <u>-</u>	<input type="checkbox"/> Delete
TITLE <u>-</u> NAME <u>-</u> STREET ADDRESS <u>-</u> CITY- ST- ZIP <u>-</u>	<input type="checkbox"/> Delete
TITLE <u>-</u> NAME <u>-</u> STREET ADDRESS <u>-</u> CITY- ST- ZIP <u>-</u>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>PRESIDENT</u> NAME <u>BETH A. MAC ARTHUR</u> STREET ADDRESS <u>1401 SO. OCEAN BLVD. # 906</u> CITY- ST- ZIP <u>POMPANO BEACH FL 33062</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>-</u> NAME <u>-</u> STREET ADDRESS <u>-</u> CITY- ST- ZIP <u>-</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>-</u> NAME <u>-</u> STREET ADDRESS <u>-</u> CITY- ST- ZIP <u>-</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>-</u> NAME <u>-</u> STREET ADDRESS <u>-</u> CITY- ST- ZIP <u>-</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>-</u> NAME <u>-</u> STREET ADDRESS <u>-</u> CITY- ST- ZIP <u>-</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>BETH A. MAC ARTHUR</u>	Date <u>MAY 1, 2007</u> Telephone # <u>754-218-4359</u>