FILED

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 354838** 1. Entity Name 04-05-2004 90399 046 ***158.75 HOME BEAUTIFUL ENTERPRISES OF FLORIDA, INC. Principal Place of Business Mailing Address P O BOX 14965 P O BOX 14965 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-1277863 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIBLIN, RAYMOND P III Street Address (P.O. Box Number is Not Acceptable) 2046 ASCOTT ROAD JUNO ISLES FL 33408 City Zip Code 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 Raymond P. Giblin II SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition HOSKINS, JEAN R. NAME NAME 11079 U.S. HWY.#1 STREET ADDRESS STREET ADDRESS City-ST-ZiP NO.PALM BCH. FL CITY-ST-ZIP 5 & P TITLE ☐ Delete TITLE Change ☐ Addition MAME ROBERTS, KAREN ANN NAME STREET ADDRESS 1036 U.S. HWY 1, APT 325 STREET ADDRESS NO.PALM BCH. FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME GIBLIN III, RAYMOND P. NAME 2046 - Ascott Rd Juno, FL 33408 STREET ADDRESS STREET: ADDRESS 12 YACHT CLUB PLACE CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL 33469 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7iP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Raymond P. Giblin # CUPS 4/1/04